DOCUMENT RESUME

ED 070 514 PS 006 200

TITLE	Alabama Day-Care Needs and Day-Care Resources. Final Report.
INSTITUTION	UEC, Inc., Washington, D.C.
SPONS AGENCY	Alabama State Dept. of Pensions and Security, Montgomery.
PUB DATE	72
NOTE	364p.
EDRS PRICE	MF-$0.65 HC-$13.16
DESCRIPTORS	*Census Figures; *Child Care; Data Collection; *Day Care Programs; *Day Care Services; Federal Government; Needs; Projects; Reports; State Programs; *Statistical Data
IDENTIFIERS	*Alabama

ABSTRACT

This research was conducted to provide a background for writing a plan for a state-wide day-care system. The findings of the study are presented. Existing statistical resources in Alabama and the 1970 federal census data were used in preparing this report. In addition, empirical data was gathered throughout Alabama to project the state-wide need for day-care. The Status and Needs Study is divided into two parts: (1) a descriptive profile of existing licensed day-care services, and (2) an analysis of the distribution of children in these day-care services. Where possible, the profile of day-care services is presented in terms of sponsorship and type of service. The unit of analysis is a county; however, these units can easily be collapsed into larger planning areas such as Economic Development Districts. The 392 licensed day-care centers in the State of Alabama which were reviewed are presently serving 14,392 children. The next four sections deal only with the children served by the licensed centers. Subsequent sections incorporate data on children served by family day-care homes, in-home care, group day-care contracts, and Head Start Programs. In addition, one section reviews several important day-care projects that await approval in Washington. (Two pages of text are of marginal legibility.) (Author/CK)

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ALABAMA

DAY-CARE NEEDS

AND

DAY-CARE RESOURCES

FINAL REPORT

for

FIVE SURVEYS AND STUDIES PERFORMED
BY UEC INC. UNDER CONTRACT
WITH THE DEPARTMENT
OF PENSIONS AND SECURITY

PS 006200

FOREWORD

This volume brings together five interrelated studies conducted by UEC INC. for the Department of Pensions and Security for the State of Alabama.*

The "Day-Care Status and Need Study" provided a descriptive profile of existing licensed day-care services and an analysis of the distribution of children in these day-care services.

The study of "Services in Alabama Day-Care Centers" examined the quality of center-based day-care in regard to administration, program, nutrition, health services, and needed technical assistance.

"Services in Alabama Family Day-Care Homes" were studied to review the quality of family day-care homes in regard to their program, nutrition, and health components.

The "Survey of Child Care Services Requested by Parents" examined the need for different types of day-care by interviewing a representative sample of parents with children under six according to residence, socioeconomic status, and race.

The "Alabama Community Resources Study" identified the providers of health, nutritional, educational, and social services in all of the counties of the state. Types of specific services in these four categories were identified for a potential day-care resources network.

These five studies provided the state with a status analysis of all facets of day-care delivery and need. Prerequisite to large-scale planning, this information can be used to improve existing services and to plan the foundation for a state-wide comprehensive day-care system.

UEC worked cooperatively with the DPS staff on each of these studies. The UEC research team was headed by Dr. Ronald Parker and included Dr. Robert Sanders, Lynne Schwartz, Dr. Paul Jacobs, Virginia Sibbison and Martin Tombari. The DPS staff was headed by Louise Pittman with able assistance from Cobb DeShazo and Norma Manush.

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I. DAY-CARE STATUS AND NEEDS STUDY

During the early months of 1972, the research staff of UEC studied the status of current day-care in Alabama and the need for day-care. This research was conducted to provide a background for writing a plan for a state-wide day-care system. The information that follows presents the findings of this study.

Existing statistical resources in Alabama and the 1970 federal census data were used in preparing this report. For example, the annual licensing data collected by the Department of Pensions and Securities were utilized in profiling current day-care supply in Alabama. In addition, empirical data was gathered throughout Alabama to project the state-wide need for day-care. An overall "average need" has been used in this study. However, it should be stressed that each county and district should be considered individually in the implementation of the state-wide system.

The Status and Needs Study is divided into two parts: (1) a descriptive profile of existing licensed day-care services, and (2) an analysis of the distribution of children in these day-care services. This study does not encompass Head-Start in most of the maps (see for example Fig. 1) and the general tabular presentations for two reasons: first, Head Start is not totally under the auspices of the Department of Pensions and Securities (approximately one-third of the programs are supervised by the Board of Education) and, second, only about half of the Head Start programs provide full day-care services. For the sake of balance and planning, however, a special section on Head Start coverage has been included (see page 29).

Where possible, the profile of day-care services is presented in terms of sponsorship and type of service (center, family day-care home, or in-home) according to services provided to all children and AFDC children. The unit of analysis is a county; however, these units can easily be collapsed into larger planning areas such as Economic Development Districts.

The three-hundred-ninety-two licensed day-care centers in the State of Alabama which were reviewed (data were not available on two centers) are presently serving 14,392 children. An additional 434 children are served in eight centers that are approved by the Department of Pensions and Securities (DPS).

The next four sections deal only with the children served by the licensed centers. Subsequent sections incorporate data on children served by family day-care homes, in-home care, group day-care contracts, and Head Start Programs. In addition, one section reviews several important day-care projects that await approval in Washington.

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

A. Center Classification

Day-care centers are classified in the following categories:

1. Each center is either under private, public, or voluntary auspices.

2. Each center is: (a) In compliance with the Civil Rights Act of 1964 and eligible for purchase of care; (b) In compliance with the Civil Rights Act of 1964; or (c) Not in compliance with the Civil Rights Act of 1964 nor eligible for purchase of care.

3. Each center is licensed either for the care of children three years or older, or for the care of children under three years.

Tables 1, 2, and 3 show the centers categorized in these three ways:

Table 1

Kind of Center	Number of Centers	Average Number of Places for Children per center
Private	209	33.8
Public	82	55.6
Voluntary	101	36.4

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

Table 2

Kind of Center	Number of Centers	Average Number of Places for Children per Center
In Compliance and Eligible	144	38.3
In Compliance	99	44.9
Neither	149	36.2

Table 3

Kind of Center	Number of Centers	Average Number of Places for Children per Center
Children 3 and over	343	41.6
Children under 3	49	20.9

A few simple facts stand out. Regarding center sponsorship (Table 1), most centers are private* (209 compared to a total of 183 under public and voluntary sponsorship). The average public center holds more children (55.6) than the average private (33.8) or voluntary (36.4). These facts, however, can be misleading. What is true for the State as a whole in terms of auspices is not necessarily true for a particular area. For example, while most day-care centers in Jefferson County are private (65 compared to 25 voluntary and 5 public), most centers in Montgomery County are public (24 compared to 14 private and 2 voluntary).

---

* Nationally about 60% of all day-care centers are private. The source for this and other national figures cited in the present report is Day Care Survey - 1971, a publication of the Westinghouse Learning Corporation and Westate Research, Incorporated.

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

In addition to the 153 centers in Table 2 that are in compliance and eligible for purchase of care, eight centers in Calhoun, Coosa, Jefferson, Madison, and Tuscaloosa Counties have group contracts with DPS. These are classified as three private, three public, and two voluntary. These eight centers, however, are not included in the tables unless otherwise indicated because the appropriate data were not available.

Table 2 presents some very important information in regard to state-wide planning. The most efficient state-wide system should utilize all of the existing day-care resources; however, as mentioned, only 153 centers out of 392 (39%) meet both criteria of compliance and eligibility. Additionally, 99 centers (25%) are in compliance with the Civil Rights Act of 1964 and are ineligible for the Department of Pensions and Securities to purchase care from them. In most cases, these centers meet the minimum standards for licensing but do not provide the quality or scope of services to be purchased by the Department of Pensions and Securities. The present state plan details the procedures to upgrade these 99 centers through a Technical Assistance Program so care can be purchased from additonal vendors.

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Only 14% of the centers are licensed to serve children under three years of age (Table 3). This fact deserves careful consideration in planning to meet the day-care needs of parents with very young children. This lack of infant day-care facilities is a problem which must be solved by providing more family day-care homes or increasing the number of infant slots available from centers.

B. Distribution of Centers

In order to examine the distribution of day-care centers across the State, two maps have been prepared (the distribution of children in services will be presented later). Figure 1 illustrates the Alabama Counties which have no licensed day-care centers. One dramatic fact stands out in this map: 21 counties have no licensed day-care centers! Figure 2 presents the distribution of Head Start Centers across the counties. Only fifteen counties out of the sixty-seven have Head Start programs! In sum, vast areas of the State are not being served by licensed or unlicensed day-care/Head Start centers.

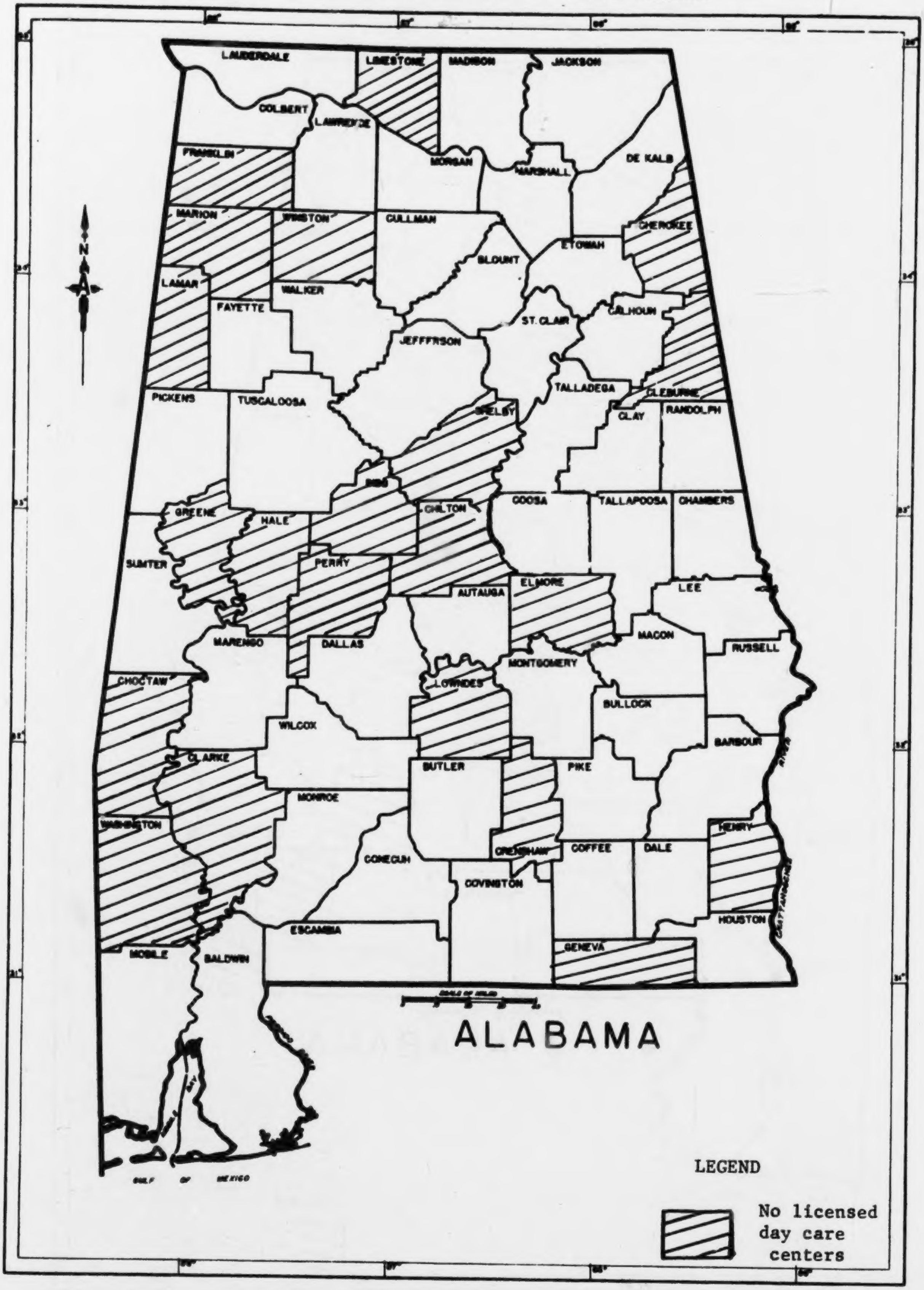
C. Enrollment and Hours of Centers

Tables 4, 5 and 6 present some additional descriptive data on the 392 centers in terms of enrollment and operating hours.

Table 4

Kind of Center	Average Enrollment	Average Number of Hours Open Per Day
Private	30.2	10.5
Public	54.5	8.0
Voluntary	32.1	9.7

Figure 1. AREAS WITH NO LICENSED DAY CARE CENTERS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CHEROKEE
ETOWAH
BLOUNT
LAMAR
FAYETTE
WALKER
ST. CLAIR
CALHOUN
JEFFERSON
TALLADEGA
CLEBURNE
PICKENS
TUSCALOOSA
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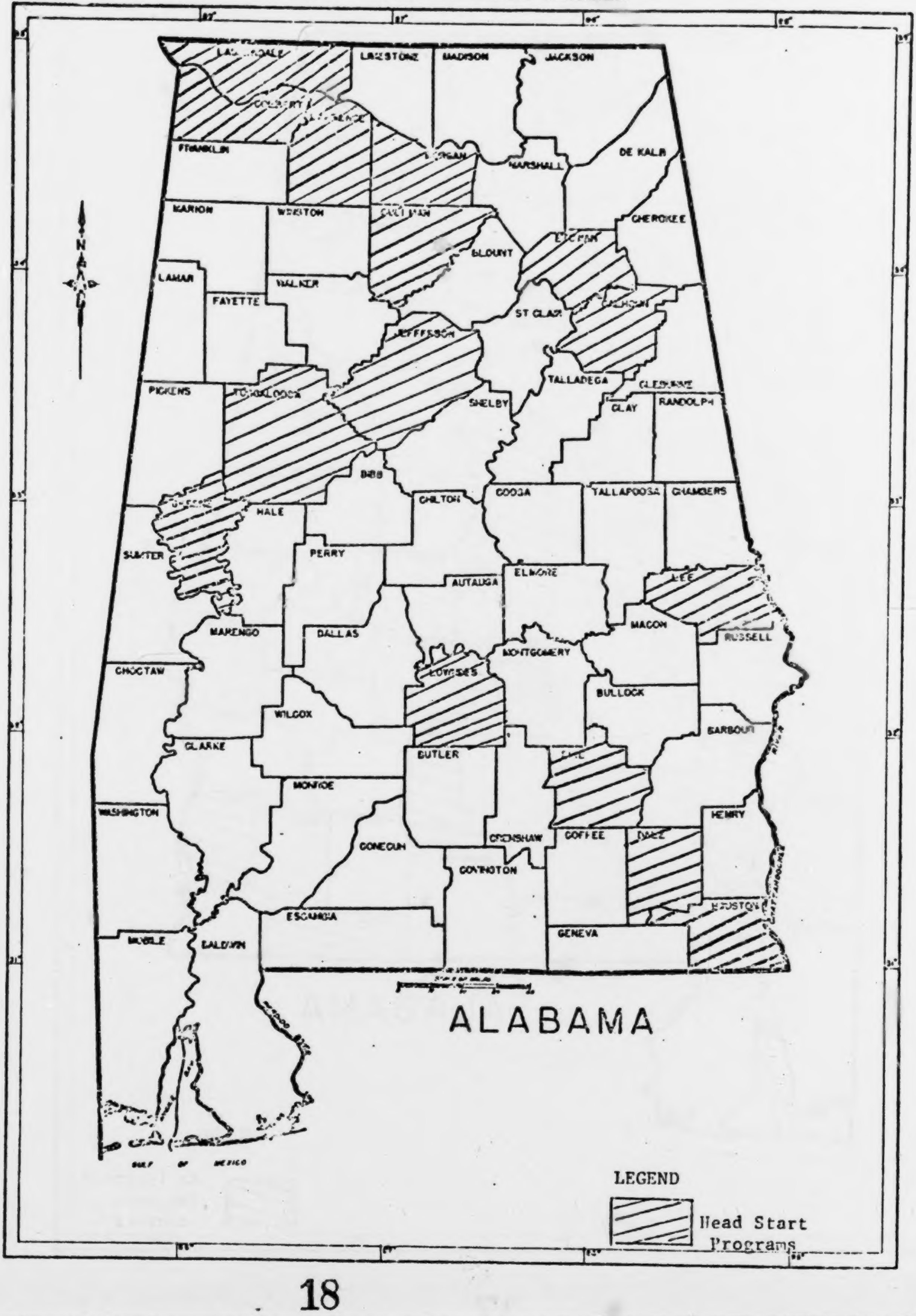
COOSA
TALLAPOOSA
CHAMBERS
SUMTER
PERRY
AUTAUGA
ELMORE
LEE
MARENGO
DALLAS
MACON
RUSSELL
CHOCTAW
LOWNDES
MONTGOMERY
BULLOCK
WILCOX
BARBOUR
CLARKE
BUTLER
PIKE
MONROE
WASHINGTON
CRENSHAW
COFFEE
DALE
HENRY
CONECUH
COVINGTON
HOUSTON
ESCAMBIA
GENEVA
MOBILE
BALDWIN
CHATTAHOOCHEE RIVER
N
ALABAMA
GULF OF MEXICO
LEGEND
▨ No licensed day care centers

Figure 2 COUNTIES WITH HEAD START PROGRAMS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CHEROKEE
BLOUNT
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LAMAR
FAYETTE
WALKER
ST CLAIR
CALHOUN
JEFFERSON
TALLADEGA
CLEBURNE
PICKENS
TUSCALOOSA
SHELBY
CLAY
RANDOLPH
BIBB
GREENE
HALE
CHILTON
COOSA
TALLAPOOSA
CHAMBERS
SUMTER
PERRY
AUTAUGA
ELMORE
LEE
MACON
RUSSELL
MARENGO
DALLAS
MONTGOMERY
CHOCTAW
LOWNDES
BULLOCK
WILCOX
BARBOUR
CLARKE
BUTLER
PIKE
MONROE
WASHINGTON
HENRY
CONECUH
CRENSHAW
COFFEE
DALE
COVINGTON
HOUSTON
ESCAMBIA
GENEVA
MOBILE
BALDWIN
CHATTAHOOCHEE RIVER
GULF OF MEXICO
N
ALABAMA
LEGEND
▨ Head Start Programs

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

Table 5

Kind of Center	Average Enrollment	Average Number of Hours Open Per Day
In Compliance and Eligible	35.5	9.6
In Compliance	42.8	9.0
Neither	32.6	10.5

Table 6

Kind of Center	Average Enrollment	Average Number of Hours Open Per Day
Children 3 and over	39.1	9.6
Children under 3	15.3	10.5

We had already noted that the average public center can hold many more children than the average private or voluntary center. The enrollment figures of Table 4 confirm that the average public center does hold many more children. Table 4 shows that the average public center is open fewer hours per day. In fact, 92% of all public centers are open fewer than ten hours a day, in contrast with only 20% of all private centers.

Table 5 shows that those centers In Compliance but not eligible have higher enrollments and are open fewer hours.

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I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

Table 6 shows that the centers for children under 3 are substantially smaller in enrollment than the centers for children 3 and over.

D. Cost Data.

The current license application asks for an estimated budget for the coming year. Since only 42 centers responded to this question and there were no standardized guidelines for responding, these data were not considered valid.

Perhaps the best way to determine cost of day care centers in Alabama is to examine the budgets of the eight centers that have group contracts with DPS. Table 7 presents the average cost per child for these centers.

Table 7

Contract	Cost	Number of Children	Cost Per Child
Jacksonville Day Care	$48,182	45	$1,070.71
County Comprehensive Day Care	44,291	40	1,107.27
Day Care Services	268,122	216	1,241.30
Children's Services	65,921	50	1,318.42
Huntsville Board of Education	603,440	400	1,508.60
Coosa-Elmore CAC	580,066	280	2,071.66
University of Alabama	45,000	15	3,000.00
Demonstration Day Care	136,000	30	4,533.33
		Total Average Cost Per Child	$1,664.52

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

The current license applications also ask for information on fees charged. Among private and voluntary centers that provided this information, in 54 out of 66 cases the fee for a five-day week is within the $10 to $15 range. In only one case did the weekly fee exceed $20, a private center whose facilities included a speech therapist charged $55 a week (or $32.50 a week for half-days).

The median weekly fee for private centers was $13.60 ($707.20 annually), and for voluntary centers, $12.50 ($650.00 annually). The corresponding national figures are $16.01 weekly ($832.52 annually) for private and $12.23 weekly ($635.96 annually) for non-private centers.

Five public centers that responded to the item reported that they charged no fee.

The cost of day care is one of the most important topics in designing a quality day care system. According to fee structures, the median fee is below the level of minimally acceptable day care. The DPS pays only $600 per year where day care services are purchased on an individual child basis. On a group contract basis the average cost per child spent by DPS is $1,664.52. In the judgment of the Office of Child Development, the nation is failing to provide adequate funding for day care. The Office of Child Development estimates that group day care for 3 to 5 year olds should cost $1,245 a child for "minimally" acceptable day-care, $1,862 at an "acceptable" level, and $2,320 at a "desirable" level. "Minimum" programs for children under three would cost $1,423, "acceptable" programs $2,032, and "desirable" programs $2,372.

E. Staff Classification

Four basic categories of staff were used to analyze the data supplied by license applicants:

1. Teachers -- including directors, head teachers, coordinating teachers, and assistant teachers.
2. Aides -- including helpers, assistants, and teacher assistants
3. Cooks
4. Maintenance workers -- including maids.

Staff in the first two categories are of primary importance because they work directly with children. It was inferred that those labels grouped together in the category "teachers" were intended by the license applicants to refer to staff members with more responsibility and experience than those we grouped as "aides." The inclusion of "director" among teachers may be questioned in that in some cases the director may deal mainly with the other staff members and with parents, rather than with children, but the flavor of the applications usually suggested that this was not so.

F. Hours Worked by Staff

The centers varied greated in their relative use of part-time and full-time teachers and aides. To compare centers more meaningfully, we have used total number of teacher hours per day, and of aide hours per day, disregarding whether these hours accumulated on a part-time or full-time basis. The total number of teacher hours per day was quite similar for each kind of center: Private, 28.0; Public, 30.0; and Voluntary, 29.3. A related fact is that the percentages of centers having one or more aides are 94% for public centers, but only 40% for private and 58% for voluntary centers.

G. Staff Education

Another indicator of quality might be the educational level of the staff. While there is perhaps disagreement as to the amount of school training needed to be a satisfactory day-care worker, there

I. DAY CARE STATUS AND NEEDS STUDY (Continued)

is a general presumption that more education is better than less. In fact, the Minimum Standards for Day-Care Centers for Children under Three, prescribed by the State Board of Pensions and Securities, state that:

> "A. All directors must be high-school graduates.
>
> "B. The director of a center serving more than fifteen children must also have had experience caring for children under three years of age, or some college training related to child development.
>
> "C. Child care staff working with children over 1 year of age must have completed the 10th grade."

Table 8 indicates that for both teachers and aides the public centers show the greatest percentage of staff with some college background and the private centers show the least.

Table 8

Kind of Center	Percent of Teachers with Some College Background*	Percent of Aides with Some College Background
Private	43	14
Public	68	24
Voluntary	52	22
Average	54	17

---

*Nationally, 65% of teachers and 23% of aides have had some college experience.

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

H. Staffing Pattern

Table 9 indicates that a public center is likely to have one or more cooks and maintenance workers, while nearly half of the private centers do not.

Table 9

Kind of Center	Percent Having 1 or More Cooks	Percent Having 1 or More Maintenance Workers
Private	53	18
Public	93	76
Voluntary	71	32

Regarding additional staff outside of these categories, only nine private and three voluntary centers mentioned having volunteer workers.* Their ages, provided in nine of the nineteen cases, ranged from 17 to 56. Information on educational level, provided in twelve of the nineteen cases, showed that eight of the volunteers had at least some college background.

The following other additional staff were mentioned: bookkeeper (2), night worker, office assistant, office worker, substitute teacher (2), speech therapist, family child guidance worker (2), all in private centers; health aide (2), community health aide, office workers (2), secretary, assistant social worker (2), substitute teacher (5), social service aide (2), case aide, all in public centers; assistant secretary, music teacher (2), substitute teacher (3), secretary-bookkeeper (3), all in voluntary centers.

---

* The Westinghouse study also found that nationally, contrary to expectation, volunteers make up only about 4% of day-care staff.

The category "substitute teacher" is of particular interest. If the function of day-care centers of freeing mothers for steady employment is to be fulfilled, then the mothers must be able to depend upon a back-up staff at the centers to which they entrust their children. The mention of substitute teacher by only four different centers may mean that most centers do not have such a back-up staff, or merely that they do not consider those that they have "on call" to be regular staff members.

I. Distribution of Children in Child Care Services

1. Licensed Care Excluding Group Contracts and Head Start

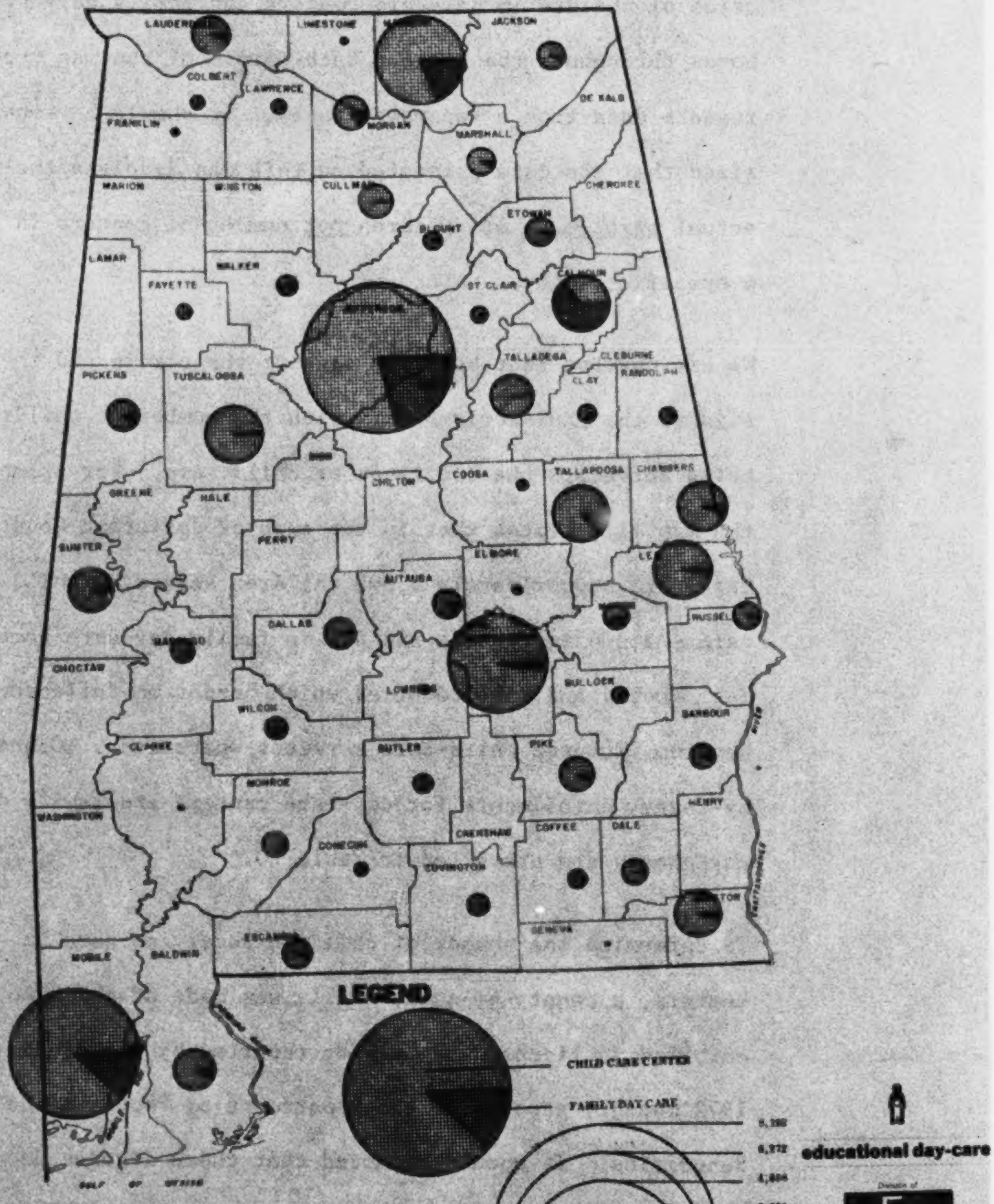
We have already seen in Figure 1 that licensed day-care centers are not equally distributed around the State. In fact, 22 counties, with a combined population 4,800 AFDC children under six years of age have no day-care centers and eleven of these twenty-two counties have no family day-care homes. (If group contracts are included, one county is subtracted from the number of counties with no center day-care.

a. All Children

Presented visually, the map entitled "Present Child Care

PRESENT CHILD CARE ARRANGEMENTS

ALL CHILDREN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CLEBURNE
PICKENS
TUSCALOOSA
CLAY
RANDOLPH
CHILTON
COOSA
TALLAPOOSA
CHAMBERS
GREENE
HALE
PERRY
SUMTER
ELMORE
AUTAUGA
DALLAS
RUSSELL
CHOCTAW
BULLOCK
WILCOX
BARBOUR
CLARKE
BUTLER
PIKE
MONROE
WASHINGTON
HENRY
CRENSHAW
COFFEE
DALE
CONECUH
COVINGTON
GENEVA
ESCAMBIA
MOBILE
BALDWIN
GULF OF MEXICO
LEGEND
CHILD CARE CENTER
FAMILY DAY CARE
educational day-care
Division of
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Research and Evaluation

Arrangements - All Children" clearly depicts the distribution of childre in day-care centers and family day-care homes throughout the State. Each circle of the map represents data from a separate county. It should be emphasized that the data presented on this map involves the actual enrollment of children not number of centers in a specific county.

We can observe that both the size of the circle and the size of the pie sections vary with the number of children being served in the two types of child care. For example, the map illustrates that in the case of Jefferson County there are approximately 3,800 children served by child care - 3,000 in centers and 800 in family day-care homes. Yet, Shelby and Bibb counties which border on Jefferson have no licensed child-care services whatsoever. County-by-county enrollments for day-care centers and family day-care homes are presented in Table 10.

To determine the number of children receiving care in centers, a county-by-county tally was made of children enrolled in licensed centers as reported by the January, 1972 monthly reports to the Department of Pensions and Securities. It should be noted that these figures do not include the 434 children being served by the eight approved centers. The number of children receiving care in family

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

day-care homes as of December, 1971, is based on figures provided by the Department of Pensions and Securities' Bureau of Research and Statistics, January 24, 1972. (See Table 10.) More specifically, the numbers were drawn from the column marked "continued to next month." It should be noted that there are also provisions throughout the State for in-home care; however, at the time of this writing, there was no readily available information pertaining to either the nature of the in-home care or the number of families and children in the total population receiving this kind of care.

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

TABLE 10
DAY CARE ENROLLMENT FIGURES - ALL CHILDREN

COUNTY	NUMBER OF CENTERS	NUMBER OF CHILDREN ENROLLED IN CENTERS	NUMBER OF FAMILY DAY CARE HOMES	NUMBER OF CHILDREN ENROLLED IN FAMILY DAY CARE HOMES
Autauga	1	113	8	20
Baldwin	5	255	3	26
Barbour	2	99	5	4
Bibb	2	0	0	0
Blount	2	56	0	0
Bullock	1	40	1	1
Butler	3	55	2	4
Calhoun	5	199	43	348
Chambers	7	388	8	25
Cherokee	0	0	0	0
Chilton	0	0	0	0
Choctaw	0	0	0	0
Clarke	0	0	2	3
Clay	1	38	5	15
Cleburne	0	0	0	0
Coffee	3	54	1	0
Colbert	3	29	1	1
Conecuh	1	28	0	0
Coosa	0	0	3	19
Covington	2	76	2	1
Crenshaw	0	0	3	0
Cullman	7	190	0	0
Dale	5	103	1	3

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

COUNTY	NUMBER OF CENTERS	NUMBER OF CHILDREN ENROLLED IN CENTERS	NUMBER OF FAMILY DAY CARE HOMES	NUMBER OF CHILDREN ENROLLED IN FAMILY DAY CARE HOMES
Dallas	4	158	6	1
DeKalb	1	0	0	0
Elmore	2	0	5	13
Escambia	4	131	2	8
Etowah	5	129	4	9
Fayette	1	57	0	0
Franklin	0	0	5	9
Geneva	0	0	2	2
Green	0	0	0	0
Hale	0	0	0	0
Henry	0	0	0	0
Houston	9	343	4	17
Jackson	2	119	12	10
Jefferson	94	3049	229	818
Lamar	0	0	0	0
Lauderdale	4	221	29	12
Lawrence	1	34	0	0
Lee	18	555	7	16
Limestone	0	0	7	8
Lowndes	0	0	5	13
Macon	3	67	21	44
Madison	20	1081	104	249
Marengo	4	71	3	15
Marion	0	0	0	0

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

COUNTY	NUMBER OF CENTERS	NUMBER OF CHILDREN ENROLLED IN CENTERS	NUMBER OF FAMILY DAY CARE HOMES	NUMBER OF CHILDREN ENROLLED IN FAMILY DAY CARE HOMES
Marshall	3	116	4	12
Mobile	64	2452	176	346
Monroe	1	75	12	28
Montgomery	40	1590	15	47
Morgan	8	166	9	28
Perry	0	0	0	0
Pickens	3	149	9	18
Pike	4	179	14	19
Randolph	1	45	0	0
Russell	2	121	1	4
St. Clair	2	45	1	0
Shelby	0	0	0	0
Sumter	6	311	3	16
Talladega	7	309	0	0
Tallapoosa	10	469	26	73
Tuscaloosa	18	551	4	4
Walker	2	36	6	32
Washington	0	0	0	0
Wilcox	2	40	2	40
Winston	0	0	0	0
TOTAL	392	14,392	815	2,381

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

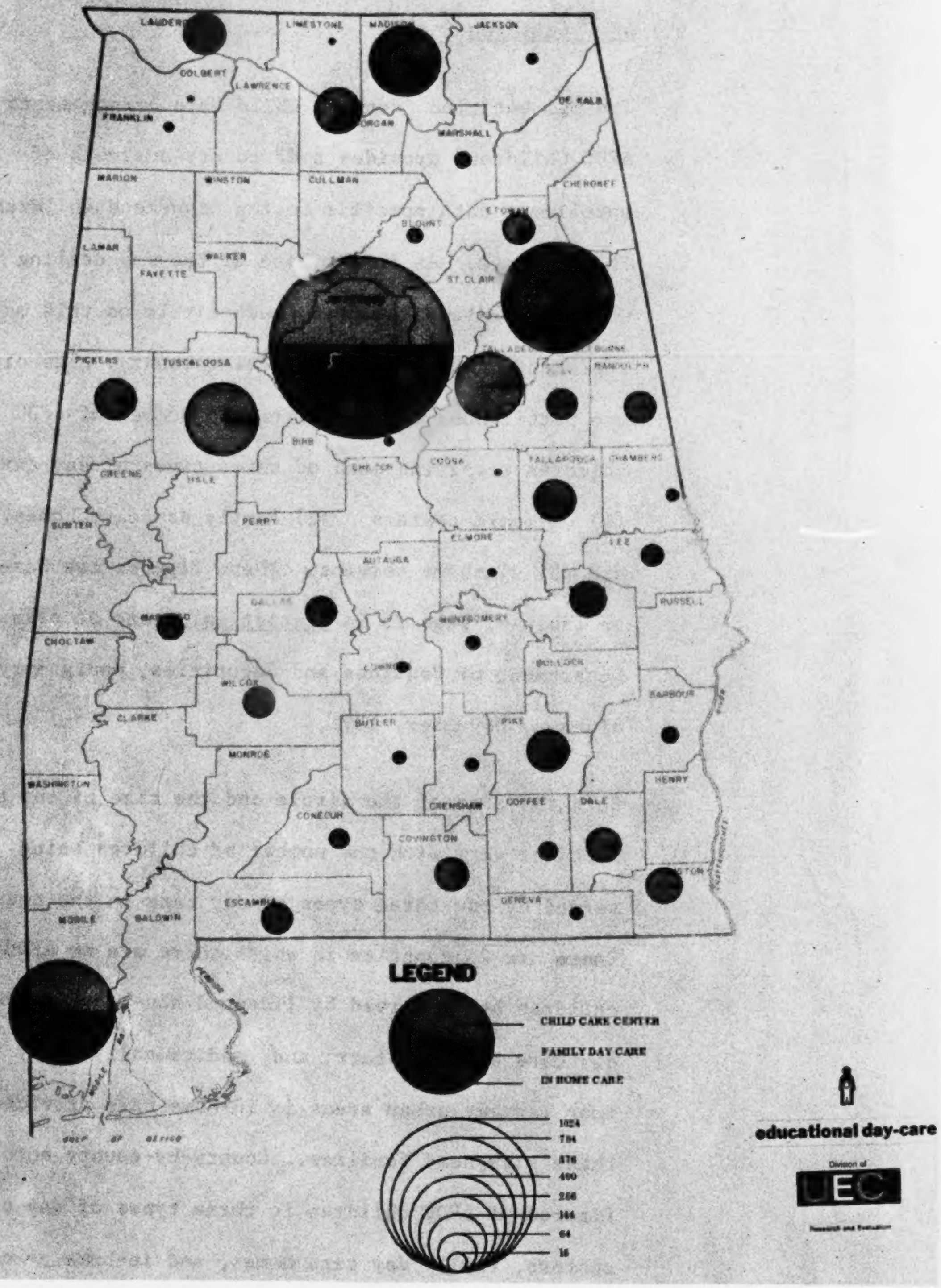
b. AFDC Children

The map entitled "Present Child Care Arrangements - AFDC Children" provides a 67 county analysis of enrollment data specific to the high-need children in the State. As in the case of the map dealing with all Alabama children, each circle on this map represents data from a particular county. The circles are partitioned to illustrate the number of AFDC children receiving each of three types of day care: (1) Day-care centers, (2) Family day-care homes, and (3) In-home service. These figures are based on Table 6, page 15 in Statistics, State of Alabama, Department of Pensions and Securities, Montgomery, Alabama, November, 1971.

Both the size of the circle and the size of the pie sections vary with the number of children being served by the three types of day care in the county. There are 25 counties in which there are no AFDC children being served by licensed non-group contract day care or Head Start; and, additionally, only in the four largest urban areas is in-home care provided for these high-need families. County-by-county enrollment figures of AFDC children in three types of day care -- centers, family day care homes, and in-home -- can be found in Table 11.

PRESENT CHILD CARE ARRANGEMENTS

AFDC CHILDREN


LAUDERDALE
LIMESTONE
MADISON
JACKSON
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LAWRENCE
DE KALB
FRANKLIN
MORGAN
MARSHALL
MARION
WINSTON
CULLMAN
CHEROKEE
ETOWAH
BLOUNT
LAMAR
WALKER
FAYETTE
ST. CLAIR
TALLADEGA
CLEBURNE
PICKERS
TUSCALOOSA
CLAY
RANDOLPH
BIBB
SHELBY
COOSA
TALLAPOOSA
CHAMBERS
GREENE
HALE
SUMTER
PERRY
ELMORE
LEE
AUTAUGA
DALLAS
RUSSELL
MARENGO
MONTGOMERY
CHOCTAW
LOWNDES
BULLOCK
WILCOX
BARBOUR
CLARKE
BUTLER
PIKE
MONROE
WASHINGTON
CRENSHAW
HENRY
CONECUH
COFFEE
DALE
COVINGTON
HOUSTON
ESCAMBIA
GENEVA
MOBILE
BALDWIN
GULF OF MEXICO
LEGEND
CHILD CARE CENTER
FAMILY DAY CARE
IN HOME CARE
1024
784
576
400
256
144
64
16
educational day-care
Division of
UEC
Research and Evaluation

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

Table 11

DAY CARE ENROLLMENT FIGURES - AFDC CHILDREN

COUNTY	DAY CARE CENTERS	FAMILY DAY CARE HOMES	IN-HOME CARE
Autauga	0	0	0
Baldwin	0	0	0
Barbour	0	10	0
Bibb	0	0	0
Blount	9	0	0
Bullock	0	0	0
Butler	6	0	0
Calhoun	25	332	194
Chambers	2	3	0
Cherokee	0	0	0
Chilton	0	0	0
Choctaw	0	0	0
Clarke	0	0	0
Clay	37	0	0
Cleburne	0	0	0
Coffee	13	0	0
Colbert	0	1	0
Conecuh	15	0	0
Coosa	0	1	0
Covington	45	1	0
Crenshaw	0	6	0
Cullman	0	0	0

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

COUNTY	DAY CARE CENTERS	FAMILY DAY CARE HOMES	IN-HOME CARE
Dale	46	3	0
Dallas	37	1	0
DeKalb	0	0	0
Elmore	0	2	0
Escambia	39	0	0
Etowah	33	9	0
Fayette	0	0	0
Franklin	0	3	0
Geneva	3	2	0
Greene	0	0	0
Hale	0	0	0
Henry	0	0	0
Houston	53	0	0
Jackson	0	4	0
Jefferson	736	467	284
Lamar	0	0	0
Lauderdale	0	73	0
Lawrence	0	0	0
Lee	14	5	0
Limestone	0	1	0
Lowndes	0	4	0
Macon	24	30	0
Madison	37	100	81
Marengo	26	0	0
Marion	0	0	0

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

COUNTY	DAY CARE CENTERS	FAMILY DAY CARE HOMES	IN-HOME CARE
Marshall	6	4	0
Mobile	207	217	51
Monroe	0	0	0
Montgomery	0	7	0
Morgan	61	30	0
Perry	0	0	0
Pickens	65	6	0
Pike	54	19	0
Randolph	41	0	0
Russell	0	0	0
Saint Clair	0	0	0
Shelby	0	3	0
Sumter	0	0	0
Talladega	200	0	0
Tallapoosa	32	40	0
Tuscaloosa	223	6	0
Walker	0	0	0
Washington	0	0	0
Wilcox	40	0	0
Winston	0	0	0
TOTAL	2,129	1,390	610

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

2. Licensed Care in Group Contracts

The DPS has eight group contracts for day-care in five counties serving 1,076 children. The distribution of children in these counties is presented in the following table:

Table 12

County	Number of Children
Calhoun	95
Coosa	280
Jefferson	216
Madison	440
Tuscaloosa	45
TOTAL	1076

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

3. Head Start Programs

Since Head Start is under the auspices of a public agency, its centers do not have to be licensed by DPS. In the case of Alabama, Head Start meets a crucial need for full year preschool education and/or day care for 7,384 poor children in 25 counties. Of these 7,384 children, 4,731 are in Head Start programs licensed by DPS and 2,663 are receiving care in centers supervised by the Board of Education. The distribution of children in these services is presented in the following table:

TABLE 13

County	Number of Children
Baldwin	140
Barbour	70
Calhoun	260
Chambers	330
Colbert	302
Cullman	510
Escambia	96
Etowah	120
Greene	100
Houston	30
Jefferson	1,185
Lauderdale	106
Lawrence	100
Lee	497

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

TABLE 13 (Continued)

County	Number of Children
Lowndes	215
Macon	41
Madison	248
Mobile	744
Monroe	80
Montgomery	1,060
Morgan	180
Pike	60
Sumter	100
Tallapoosa	365
Tuscaloosa	70
TOTAL:	7,384

4. Summary of Children in Care

The following table summarizes the number of children receiving various types of care.

TABLE 14

Licensed and Approved Care (not including licensed Head Start Programs)	17,188
Group Contracts	1,076
Head Start	7,384
TOTAL:	25,648

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

J. Present Arrangement Versus Potential Demand

In order to assess the adequacy of the existing day-care services for all children in Alabama, and most important for the high-need children, it is necessary to compare the relationships between the current supply of child care services to the demand for these services throughout the State.

As part of the overall study of Alabama day-care needs hundreds of parents with children under six were interviewed to determine their need for day care. To provide early projections, the first 280 interviews completed in the northern half of the State were used to estimate the need in this section of this volume.

Sixty percent of the mothers interviewed in the sample 280 responded "yes" to the question, "Would you use day-care services if they became available?." For planning purposes, it was assumed that 60% of all parents and 60% of AFDC parents wanted some form of day-care if it were available.

It should be noted that final data from the parents' survey shows that 80% of the families with children under six indicate a need for child care services they are not now receiving. Since the sample was selected randomly, the AFDC parent had an equal chance of being represented in the study.

I. DAY-CARE STATUS AND NEEDS STUDY

Two maps entitled "Present Arrangement versus Potential Demand -- All Children," and "Present Arrangement versus Potential Demand -- AFDC Children" illustrate the relationship between supply and demand. For each county that has day-care services, there are three concentric circles. The inner circle represents the current breakdown of day-care services as depicted in the two "Present Child Care Arrangements" maps discussed above. On the "All Children" map, the outer circle represents the total number of children 0-6 years of age in the specific county. (Data on the number of children came from the Advance Report of the 1970 Census of Population and Housing, U. S. Government Printing Office, pages 8-14.)

On the "...AFDC Children" map, the outer circle represents the total number of AFDC children 0-6 years of age in a specific county. This number was derived by the listing of "AFDC Children Classified by Age" provided by the Department of Pensions and Securities in January, 1972.

In both maps, the middle circle represents the projected estimate of demand for day-care services, or more specifically, 60% of the children under six in the total population of all children on one hand, and of AFDC children on the other. Thus, the difference between the size of the inner and middle circles clearly presents the discrepancy between present coverage and demand for day-care on a county basis. That is, the larger the middle circle, the greater the need for day-care in the county; the smaller the inner circle, the less day-care currently available.

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

When the 1,076 children receiving day-care in group contracts are added to the total supply of 17,188, the supply is increased by 6.4%.

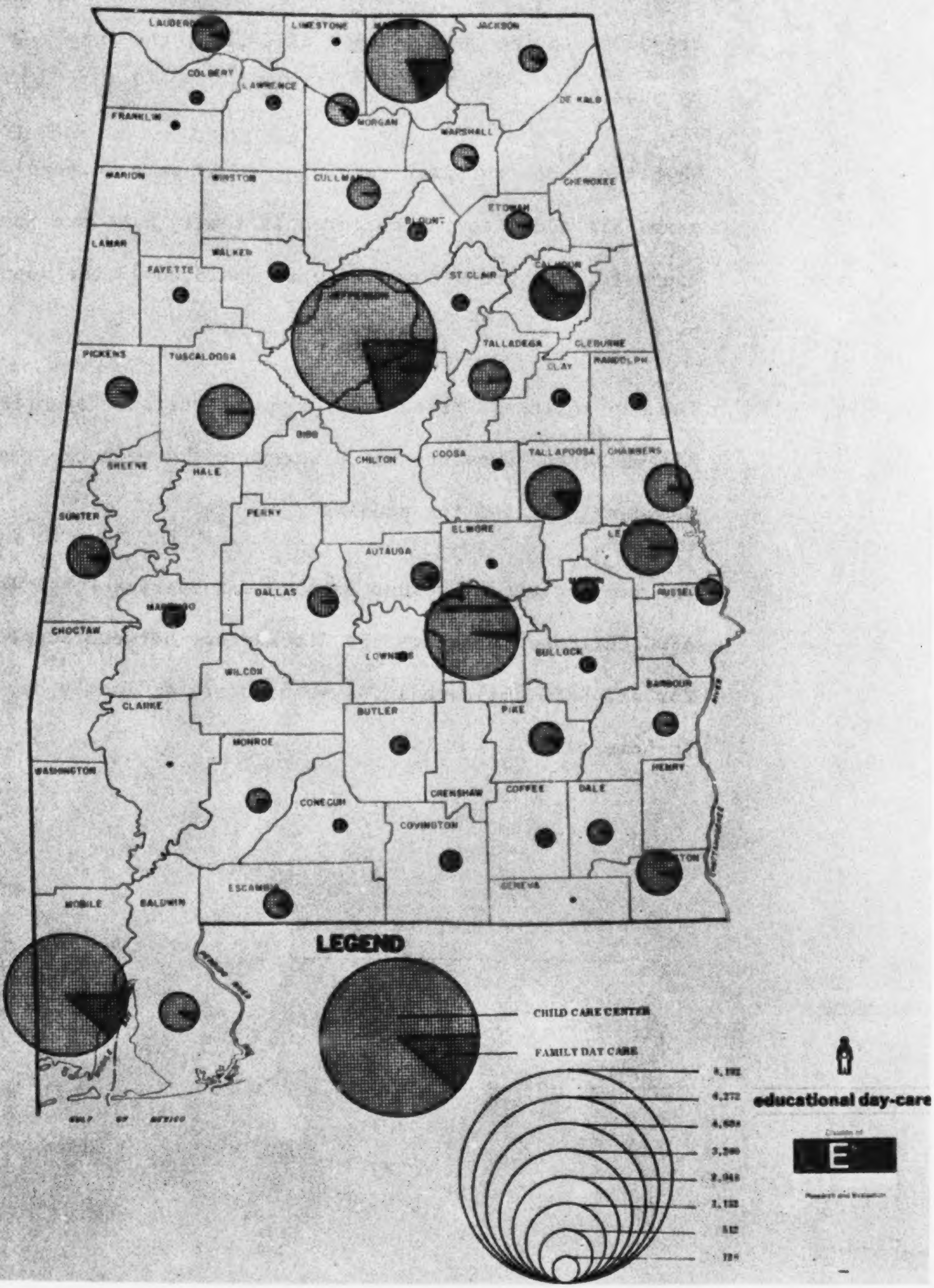
When the 7,384 children receiving child care in Head Start programs are added to the children in family day-care homes, licensed, approved, and group contract care (N=18,264), the supply is increased by 40.4%.

The map entitled "Present Arrangements versus Potential Demand -- All Children" presents the discrepancy between the supply from all sources *including* the pending projects.

The map entitled "Present Arrangements versus Potential Demand -- AFDC Children" presents the discrepancy between supply and demand for all AFDC children in day-care centers, family day-care, and in-home care.

PRESENT CHILD CARE ARRANGEMENTS

ALL CHILDREN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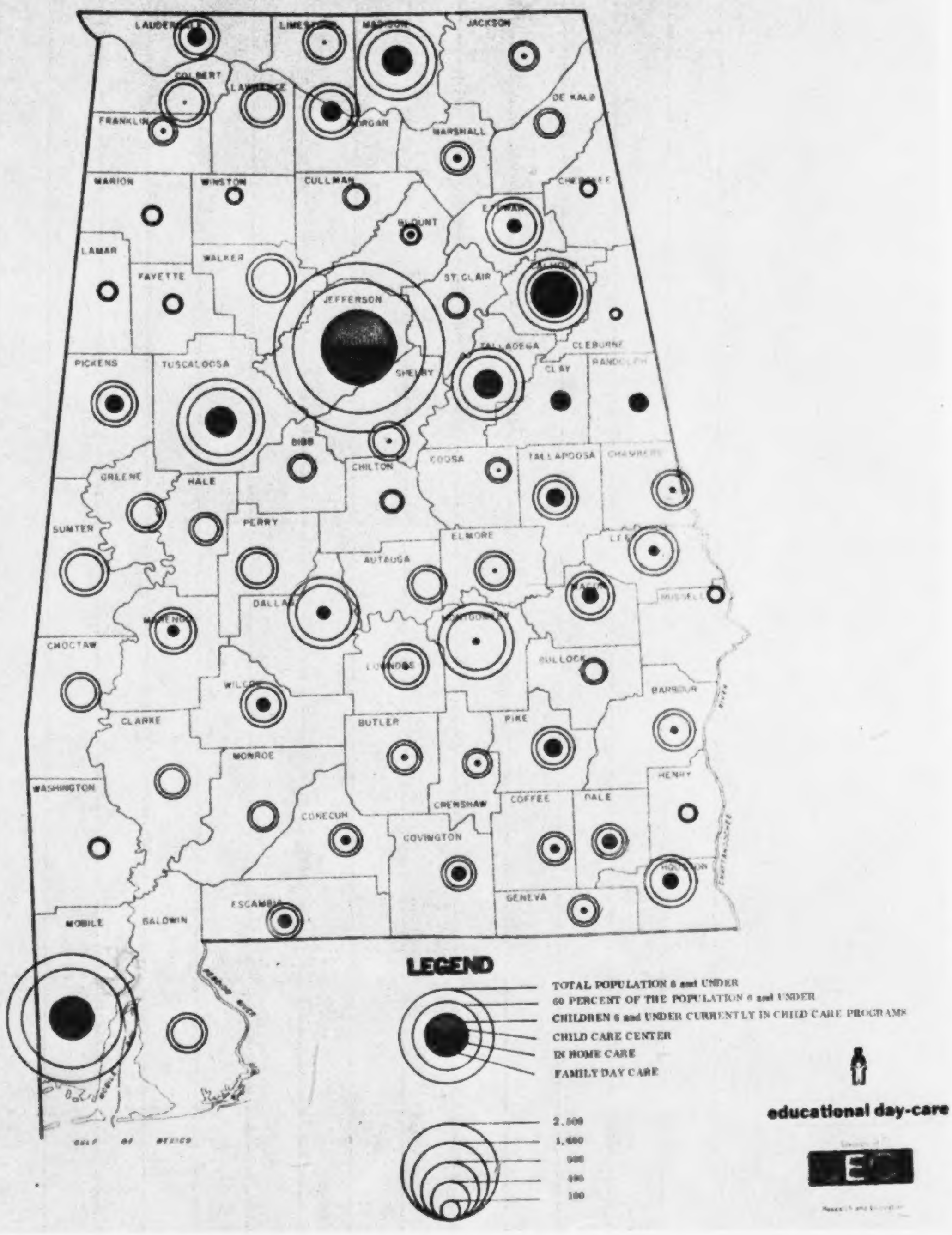
CULLMAN
CHEROKEE
ETOWAH
BLOUNT
LAMAR
FAYETTE
WALKER
ST CLAIR
CALHOUN
JEFFERSON
PICKENS
TUSCALOOSA
TALLADEGA
CLEBURNE
CLAY
RANDOLPH
BIBB
GREENE
HALE
CHILTON
COOSA
TALLAPOOSA
CHAMBERS
PERRY
SUMTER
ELMORE
LEE
AUTAUGA
DALLAS
MACON
RUSSELL
MARENGO
CHOCTAW
LOWNDES
BULLOCK
WILCOX
BUTLER
PIKE
BARBOUR
CLARKE
MONROE
WASHINGTON
HENRY
CRENSHAW
COFFEE
DALE
CONECUH
COVINGTON
HOUSTON
ESCAMBIA
GENEVA
MOBILE
BALDWIN
GULF OF MEXICO
LEGEND
CHILD CARE CENTER
FAMILY DAY CARE
8,192
6,272
4,608
3,200
2,048
1,152
512
128
educational day-care
E
Research and Evaluation

PRESENT ARRANGEMENT VERSUS POTENTIAL DEMAND

AFDC CHILDREN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LIMESTONE
MADISON
JACKSON
COLBERT
LAWRENCE
FRANKLIN
MORGAN
DE KALB
MARSHALL
MARION
WINSTON
CULLMAN
CHEROKEE
BLOUNT
ETOWAH
LAMAR
WALKER
FAYETTE
ST. CLAIR
CALHOUN
JEFFERSON
TALLADEGA
CLEBURNE
PICKENS
TUSCALOOSA
SHELBY
CLAY
RANDOLPH
BIBB
CHILTON
COOSA
TALLAPOOSA
CHAMBERS
GREENE
HALE
PERRY
SUMTER
ELMORE
LEE
AUTAUGA
MACON
RUSSELL
DALLAS
MARENGO
MONTGOMERY
CHOCTAW
LOWNDES
BULLOCK
WILCOX
CLARKE
BUTLER
PIKE
BARBOUR
MONROE
HENRY
WASHINGTON
CRENSHAW
COFFEE
DALE
CONECUH
COVINGTON
HOUSTON
GENEVA
ESCAMBIA
MOBILE
BALDWIN
GULF OF MEXICO
LEGEND
TOTAL POPULATION 6 and UNDER
60 PERCENT OF THE POPULATION 6 and UNDER
CHILDREN 6 and UNDER CURRENTLY IN CHILD CARE PROGRAMS
CHILD CARE CENTER
IN HOME CARE
FAMILY DAY CARE
2,500
1,600
900
400
100
educational day-care
E

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COUNTY	NO. OF CHILDREN SERVED BY CENTERS AND FAMILY HOMES	NO. OF CHILDREN SERVED BY DPS GROUP CONTRACTS	NO. OF CHILDREN SERVED BY HEAD START	NO. OF CHILDREN TO BE SERVED BY PENDING PROGRAMS	TOTAL NO. OF CHILDREN CURRENTLY SERVED (SUPPLY)	8% OF POPULATION (DEMAND)	PERCENT OF CHILDREN SERVED
Autauga	133				133	2143	6.2
Baldwin	281		140		281	4471	6.3
Barbour	103		70		103	1744	5.9
Bibb	0			100	100	1100	9.1
Blount	56			200	256	1922	13.3
Bullock	41				41	954	4.3
Butler	59				59	1643	3.6
Calhoun	547	95	260	130	1032	7583	13.6
Chambers	413		330	150	563	2810	20.0
Cherokee	0			30	30	1063	2.8
Chilton	0			125	125	1808	6.9
Choctaw	0				0	1433	0
Clarke	0				0	2333	0
Clay	53			45	98	946	10.4
Cleburne	0			20	20	855	2.3

COUNTY	NO. OF CHILDREN SERVED BY CENTERS AND FAMILY HOMES	NO. OF CHILDREN SERVED BY DPS GROUP CONTRACTS	NO. OF CHILDREN SERVED BY HEAD START	NO. OF CHILDREN TO BE SERVED BY PENDING PROGRAMS	TOTAL NO. OF CHILDREN CURRENTLY SERVED (SUPPLY)	60% OF POPULATION (DEMAND)	PERCENT OF CHILDREN SERVED
Coffee	54				54	2722	2.0
Colbert	30		302		332	3853	8.6
Conecuh	28				28	1216	2.3
Coosa	19	280			299	839	35.6
Covington	107				77	2321	3.3
Crenshaw	0				0	874	0
Cullman	190		510	100	800	3855	20.8
Dale	100		80		180	4380	4.1
Dallas	159				159	4814	3.3
DeKalb	0			295	295	2861	10.3
Elmore	3				3	2646	.1
Escambia	139		96		139	2654	5.2
Etowah	138		120	300	558	6722	8.3
Fayette	57				57	1127	5.1
Franklin	9				9	1663	.5
Geneva	2				2	1598	.1

48

Table 16

COUNTY	NO. OF CHILDREN SERVED BY CENTERS AND FAMILY HOMES	NO. OF CHILDREN SERVED BY DPS GROUP CONTRACTS	NO. OF CHILDREN SERVED BY HEAD START	NO. OF CHILDREN TO BE SERVED BY PENDING PROGRAMS	TOTAL NO. OF CHILDREN CURRENTLY SERVED (SUPPLY)	30% OF POPULATION (DEMAND)	PERCENT OF CHILDREN SERVED
Greene	0		100		100	853	11.7
Hale	0				0	1258	0
Henry	0				0	941	0
Houston	360		30		396	4474	8.9
Jackson	129			295	424	4839	8.8
Jefferson	3867	216	1185	633	5901	4814	12.5
Lamar	0				0	1012	0
Lauderdale	233		106	106	444	5039	8.8
Lawrence	34		100	100	234	2414	9.7
Lee	571		497		1068	4625	23.5
Limestone	8			295	303	3568	8.5
Lowndes	13		215		228	1255	18.2
Macon	111		41	401	512	1712	29.9
Madison	1626	440	248	295	2065	16106	12.8
Marengo	86				86	1997	4.3
Marion	0				0	1688	0

Table 16

COUNTY	NO. OF CHILDREN SERVED BY CENTERS AND FAMILY HOMES	NO. OF CHILDREN SERVED BY DPS GROUP CONTRACTS	NO. OF CHILDREN SERVED BY HEAD START	NO. OF CHILDREN TO BE SERVED BY PENDING PROGRAMS	TOTAL NO. OF CHILDREN CURRENTLY SERVED (SUPPLY)	60% OF POPULATION (DEMAND)	PERCENT OF CHILDREN SERVED
Marshall	128			295	423	3851	11.0
Mobile	2793		744	34	2832	25702	11.0
Monroe	103		80		103	1787	5.8
Montgomery	1637		1060		1637	12957	12.6
Marion	194		180	100	474	6503	7.3
Perry	0		100		0	1240	0
Picken	167				167	1564	10.7
Pike	198		60		258	1753	14.7
Randolph	45			45	90	1291	7.0
Russell	125				125	3857	3.2
St. Clair	45			208	253	2248	11.3
Shelby	0			150	150	3015	5.0
Sumter	327				327	1366	23.9
Talladega	402			335	644	5319	12.1
Tallapoosa	542		365	150	692	2534	27.3
Tuscaloosa	570	45	70	1300	1970	7763	25.4

Table 16

COUNTY	NO. OF CHILDREN SERVED BY CENTERS AND FAMILY HOMES	NO. OF CHILDREN SERVED BY DPS GROUP CONTRACTS	NO. OF CHILDREN SERVED BY HEAD START	NO. OF CHILDREN TO BE SERVED BY PENDING PROGRAMS	TOTAL NO. OF CHILDREN CURRENTLY SERVED (SUPPLY)	60% OF POPULATION (DEMAND)	PERCENT OF CHILDREN SERVED
Walker	68			371	439	3996	11.0
Washington	0				0	1488	0
Wilcox	80				80	1537	5.2
Winston	0				0	1234	0
TOTAL	17,188	1,076	7,384	6,602	32,250	264,558	12.2

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

K. Supply Versus Demand in Largest Counties

In considering how well the State provides day-care for those who need it, an examination must be made of the discrepancy between the supply and demand in the largest counties. It is assumed that the larger counties are most capable of meeting needs because of better funding bases and larger manpower pools.

Table 17 presented on the following page presents the percentages of children whose needs for day-care are being met in the four largest urban counties. These percentages illustrate that even in the areas most capable of providing day-care services, the discrepancy between supply and demand is huge. Such discrepancies dramatically indicate the critical necessity for more day-care services across the State.

TABLE 17

DISCREPANCY BETWEEN PRESENT ARRANGEMENTS AND POTENTIAL DEMAND

ALL CHILDREN

County	60% of the Population (Demand)	Type of Service	Number of Children Currently Served (Supply)	Percent of Children Served
Jefferson	44,814	Centers	3049	6.8
		Group Contract	216	.5
		Family Homes	818	1.8
		Head Start	1185	2.6
		Total Service	5268	11.7
Mobile	25,702	Centers	2452	9.5
		Family Homes	346	1.3
		Head Start	744	2.8
		Total Service	3542	13.7
Madison	16,106	Centers	1081	6.7
		Group Contract	440	2.7
		Family Homes	249	1.5
		Head Start	248	1.5
		Total Service	2018	12.5
Montgomery	12,957	Centers	1590	12.3
		Family Homes	47	.4
		Head Start	1060	8.1
		Total Service	2697	20.8

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

L. Projects Pending Approval

Any status analysis of a system must include current planning. In the case of DPS, it has shown leadership in stimulating additional day-care proposals which will serve 435 children and promoting a variety of Appalachian Projects which have been submitted to Washington. The nine Appalachian proposals pending approval are designed to serve 6,167 children. The following tables present the details of the DPS current planning; Table 19 for pending contracts and Table 20 for pending approved contracts.

Table 19

DAY-CARE PROPOSALS - PENDING CONTRACTS

MACON:

Tuskegee Model Cities:

241)
80) Children
80)

Total: 401

MOBILE:

Plateau Day Care, Incorporated:

34) Children

Total: 34

GRAND TOTAL: 435

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

Table 20

APPALACHIA PROJECTS PENDING APPROVAL

Name and Counties	Number of Children	
TARCOG:		
Madison	295	
Marshall	295	
Jackson	295	
Limestone	295	
DeKalb	295	
		Total: 1475
UAT:		
Tuscaloosa	1300	
		Total: 1300
UAB:		
Jefferson	252	
		Total: 252
REGION IV:		
Etowah	300	
Cherokee	30	
Calhoun	130	
Cleburne	20	
Talladega	335	
Clay	45	
Randolph	45	

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

Name and Counties	Number of Children	
Chambers	150	
Tallapoosa	150	
		Total: 1205
DAY CARE SERVICES, INC.:		
	397	
		Total: 397
BIRMINGHAM REGIONAL PROPOSAL:		
Chilton	125	
Shelby	150	
St. Clair	208	
Walker	350	
Blount	200	
		Total: 1033
NARCOG:		
Morgan	100	
Lawrence	100	
Cullman	100	
		Total: 300
MUSCLE SHOALS COUNCIL OF LOCAL GOVERNMENTS:		
Lauderdale	105	
		Total: 105

I. DAY-CARE STATUS AND NEEDS STUDY (Continued)

Name and Counties	Number of Children
BIBB COUNTY:	
	100
Total:	100
GRAND TOTAL:	6167

II. SERVICES IN ALABAMA DAY-CARE CENTERS

A. Introduction

The Alabama Day-Care Center Study was designed to examine the quality of center-based day-care in regard to the components of administration, program, nutrition, health, and needed technical assistance.

The Alabama Department of Pensions and Securities (DPS) provided a list of centers arranged in alphabetical order by counties. The list designated the centers as being of three types: privately operated; publicly operated; and operated by voluntary groups. Within each of these types, two subdivisions were noted: those eligible for purchase of care by the Department and those not eligible for purchase of care. The total number of centers in each of the six categories was determined and this total divided by sixteen. Sixteen centers of each type were needed to comply with the desired sample size so this number determined the interval for sampling. This procedure provided an interval of every fourth center among the eligible privately operated, the non-eligible publicly operated, and the eligible voluntary centers. Every ninth center was selected from the non-eligible privately operated centers, every second center from the non-eligible voluntary centers and the exclusion of every third center from the eligible public centers. In this latter case there were only twenty-five centers so all but nine were included in the sample.

The above described selection procedure produced the equivalent of six separate samples drawn from six exclusive populations. When selecting an interval sample such as this, one must select the first unit randomly within the sample interval and this was accomplished by selecting a random number from a table which included all the numbers from one to n, where n is the maximum number of the sample interval. In each of the six populations, the randomly selected case within the first interval was determined and thereafter every nth case was selected. The final sample was composed of ninety-six centers; however, two centers had to be dropped because too many of the items were left blank on their inventories.

The Alabama Day Care Center Inventory was developed jointly by UEC and DPS. The items selected were designed to assess the quality of the major components of center-based day care -- administration, program, nutrition, health, and needed technical assistance. In the case of nutrition and health, state experts were consulted on the adequacy of the items.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

The sample was selected by Dr. Donald McGlamory, Chairman of the Sociology Department, University of Alabama at Birmingham.

With the exception of Section V, Part B, the DPS day-care consultants gathered the data under the supervision of Miss Cobb DeShazo. The consultants were selected based on their knowledge of a particular center. Personal visits, telephone conversations, and the consultant's knowledge of a center were used in collecting the data.

The data were analyzed by Dr. Constantine Stefanu of the University of Alabama in Birmingham Medical School.

The study was written by a UEC team composed of Dr. Ronald Parker, Miss Lynne Schwartz, Mrs. Virginia Sibbison, and Mr. Martin Tombari.

The DPS staff, particularly Miss L. Pittman, Miss C. DeShazo, and Mrs. M. Jourdan, aided in the design of the study and provided valuable constructive criticism throughout the project.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

B. Description of the Facilities

Data gathered in response to inquiries concerning the numbers of days in operation and numbers of children served by the agencies surveyed in our sample indicate that the majority of the centers (over 95%) operate on a five-day basis, serving the needs of 3909 youngsters. The majority of these children (3522 of the 3909) are enrolled full-time; of these full-time children, approximately 400 are under the age of three years, as are approximately 150 of the children being cared for on a part-time basis. These findings suggest that at least 13% of the children being cared for in day care centers constitute an "infant" group rather than a "preschool" group. It is obvious that the needs and requirements of children of this age will be somewhat different from those of the more traditionally identified "pre-schoolers," particularly in the areas of individual care by adults, and health and nutrition needs. Further assessment of centers serving infant populations should be undertaken to determine how well these differences are understood and how adequately they are being met in the Day Care Centers.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

1. Administration

Each of the centers provided base data about the types of current information which they keep on each of their children. As might be expected, the standard demographic variables of sex, residence, some medical history, and family background were reported by a large majority of the centers. Additionally, 54% report having written records of individual behavior (although the type and extensiveness of these reports is not specified by any of the centers); another 46% mention the existence of child development data in their files. Few possess dental records (38%) and even fewer indicate that they keep records of past referrals (29%).

This information suggests that the centers continue to collect and maintain the type of data usually gathered by social services agencies. That is, they concentrate on the more pragmatic, accessible information (which is certainly necessary but hardly sufficient), and tend to neglect other types of potentially useful data about the child. The completeness of the information contained in the records varied from center to center; in some cases apparently complete data exists for good understanding of the child and his needs, while in others even the basic areas of health are not complete.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Respondents reported that the duties and role responsibilities of the center directors are specified in written form in only 2/3 of the centers. This failure to keep written records is considered serious when the key person's duties remain ambiguous in 33% of the cases.

Further support for concern over the lack of objective, written guidelines is gathered from the data of the roles and responsibilities for the staff members themselves. In only 63 cases did the respondents state that they have such defined policies for their staff members, leaving 33% of the center staffs with no transcribed policies.

Those respondents who had written policies were asked to identify the topics emphasized in their center policies. (It must be noted that the following information was gathered from both those centers reporting director policies and those reporting staff policies; in some cases, the centers reported both.) By far, the most frequently mentioned topic was "Purpose and Objectives of the Program" (54 responded). The next most often indicated topic of the policies was "Admissions Policies" (21), and third, "Health Policies" (19).

The topics most frequently mentioned tended to center around the more pragmatic, objective aspects of running a day care center. This is particularly true in the cases of admissions and health concerns where the established, standardized

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

norms are directly easily available. Table 1 presents the topics mentioned (and their frequencies) in the center policy statements. It is interesting to note the topics rarely or not at all covered in the policy statements.

Table 1

TOPICS INCLUDED IN CENTER POLICY STATEMENTS *

Policy Statement Topics	Frequency of Occurrence
Purpose and objectives of the program	54
Admissions policies	21
Health policies	19
Training	8
Child evaluation	6
Nutrition	5
Program evaluation	4
Accident reporting	3
Record keeping procedures	3
Comminity relations	2
Staff evaluation	1
Referrals	0

*Based on 94 centers reporting.

All of the topics mentioned in Table 1 are of critical importance to quality day care; yet none other than the first three is given more than passing notice in the centers' policies. Combined with the centers in which there are no written policies, a picture emerges in which few written guidelines exist for the development and continuity of good child care.

The centers' lack of explicit policies to cover the many areas of day care is of concern since it seems to reflect the generally informal approach found in other areas of the survey. This lack of structural guidelines presents great difficulties in establishing objective criteria, initiating evaluative procedures, and developing replicative strategies. The centers need the policy resource manuals being developed by DPS and a technical assistance program to insure that these resources are used wisely.

2. Arrangement of the Learning Environment

The physical facilities of the indoor areas provided by the centers are varied both in quantity and in quality. A few items seemed to be "standards" in almost every center, including blocks, books, and other materials which are located around the room. Sixty-five percent of the cases reported sections of the center set aside for language skills; however, often these meant that posters or a blackboard existed within the room. Creative dramatics was popular in most of the centers and was facilitated by an assortment of hats, shoes, clothes, etc. in specified areas. Fewer centers have designated areas for social studies than for any other learning components.

In each of the areas mentioned above, a wide variety of equipment of varying quality was made available to the children. For example, two centers might both reply in the affirmative that they had a "library corner"; however, according to the consultant, in one case there might be only a few books, while in another center the "library corner" would be composed of new, colorful, and carefully displayed books. Unfortunately, these types of differences are not reflected by the frequency counts used to describe the centers. Detailed descriptions of the resource materials reported by the centers can be seen in Table 2.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 2
REPORTED USE OF VARIOUS RESOURCE MATERIAL *

Type of Resource	Frequency
Printed material (books, magazine, HEW & DPS guides, written curricula, etc.)	58
Educational Toys and Games (puzzles, blocks, bingo, cars, dominoes, dolls, etc.)	42
Audio-Visual (tape recorders, phonographs, projectors, etc.)	31
Special Education Packages (Frostig, Montessori, Scott Foresman, etc.)	22
Printed educational reading materials (lotto, word charts, etc.)	18
Didn't specify ("We have typical day care equipment.)	16
No response	15
Art Media (clay, crayons, paints, easels, etc.)	15
Home economics (pots, stores, fabrics, clothes)	13
Workshops -- training sessions	10
Teacher Home Made materials	5
Physical Development (ladders, ropes, balls, etc.)	4
Science equipment (magnets, electrical, plants, etc.)	3
Math equipment (cuisenaire rods, etc.)	3

* Based on 94 centers reporting.

The centers have outdoor play areas either adjacent (81%) or within short walking distance of the center (17%).

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

As would be expected, they also report that the play areas consist of grass, with or without other types of surfaces.

The most frequently mentioned outdoor equipment was swings, closely followed by "ball playing and running." (See Table 3) Fewer of the centers report the availability of shaded areas (71%) or water and sand areas (67%).

Table 3

TYPES OF OUTDOOR PLAY EQUIPMENT *

	Percent of Total Sample
Swings and moving equipment	88%
Ball playing and running	85%
Rest, quiet area	76%
Slides and large muscle	74%
Shaded area	71%
Water and sand	67%

*Based on 94 centers reporting.

In examining the role television plays in the day care centers, the study revealed that almost 60% of the centers have television sets. Twenty-nine cases of Sesame Street watching are reported (22 for less than 2 hours a week; 7 for

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

more than 2 hours a week), while 26 hours of non-Sesame Street watching was reported (20 for less than 2 hours a week; 6 with more than 2 hours a week). As can be seen, 52% of those who do watch T.V. view Sesame Street, a program designed to promote the intellectual growth of children. What the other centers were watching is unknown. The data indicate that most centers do not see the television as a "babysitting service" but rather rely on the viewing of less than two hours a week plus the playing of phonographs. Fifty percent of the centers report listening to records more than 2 hours a week. Tape recorders are found in 21% of the centers and are used in the program. Table 4 describes these findings.

Table 4

AUDIO-VISUAL MATERIAL PRESENT IN CENTERS *

Audio-Visual Materials	Percent of Total Sample
Phonograph	72%
Television	58%
Tape Recorder	21%

*Based on 94 centers reporting.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

C. Personnel Profile

Information was gathered on the following three areas of personnel: salaries, educational background, and training.

1. Salaries

Table 5 presents the percentages of staff members in the various weekly salary ranges as reported by the centers.

Table 5

PERCENTAGES OF EMPLOYEES RECEIVING VARIOUS WEEKLY SALARY RANGES *

Director	Head Teacher	Teacher	Teacher's Aide	Housekeeper	Cook
Less than $75 (24%)	Less than $30 (4%)	Less than $20 (0)	Less than $15 (0)	Less than $15 (5%)	Less than $15 (0)
$75-$100 (21%)	$30-$35 (8%)	$20-$30 (7%)	$15-$20 (2%)	$15-$20 (0)	$15-$20 (5%)
$100-$125 (11%)	$35-$55 (12%)	$30-$40 (15%)	$20-$30 (11%)	$20-$30 (12%)	$20-$30 (5%)
$125-$150 (27%)	$55-$75 (40%)	$40-$50 (18%)	$30-$35 (26%)	$30-$35 (40%)	$30-$35 (30%)
over $200 (19%)	over $75 (36%)	over $50 (62%)	over $35 (62%)	over $35 (49%)	over $35 (62%)

* Based on 94 centers reporting.

Unfortunately, data do not exist on the numbers of hours worked by each individual and hence, it is impossible to assess the weekly wage on a per hour basis. The salary ranges appear to fall within the expected patterns, with the directors and head teachers making the most money, followed by the teachers, the books, the teacher's aides, and the housekeepers.

The modal income per week indicated for each of the occupations is presented in Table 6.

Table 6

FREQUENCY OF STAFF MEMBERS AT VARIOUS MODAL INCOME LEVELS *

Occupation	Frequency of Occurrence
Director - $125-$150	21
Head Teacher - $55-$75	30
Teacher - over $50	49
Teacher's Aide - over $35	36
Housekeeper - over $35	21
Cook - over $35	41

*Based on 94 centers reporting.

In the cases of the teacher, teacher's aide, housekeeper, and cook, the modal salary range is at the highest category included in the survey instrument. This limitation in the instrument did not permit a more precise determination of the distribution of salaries paid to these personnel.

2. Educational Background

In regard to the educational background of the staff, fewer than half (44) of the centers report at least one person on their staff who has a college degree. Furthermore, only 14 of these 44 have college graduates who were trained in early childhood education. Based on the results of this information, the backgrounds of the staff members appear to be seriously deficient in the fundamental prerequisite skills of the job of teaching young children.

3. Training and Staff Development

It is clear to all that the quality of a program is intimately linked to the quality of its staff. Assessment of the training backgrounds, of the centers' personnel both within pre-service and in-service frameworks, provides some rather interesting information. Almost 50% of the programs report that their staff members have had no pre-service training, while another 33% report no in-service training. Lack of training may not reduce a staff member's capacity for warmth toward young children; however, it leaves a deficit in the adult's understanding of child development principles and their application in the context of a day care setting.

In these 63 centers which had indicated the existence of an in-service training program, we asked questions related to who does the training and what are the training objectives.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

a. Training responsibility

Table 7 indicates that the director is actively involved either alone or with others in 35 of the 63 centers reporting in-service training programs. The director and staff appear to be involved in training their own members in a majority of centers. Infrequent use is made of consultant professionals skilled in this area.

Table 7
INDIVIDUALS INVOLVED IN IN-SERVICE TRAINING *

Individuals	Frequency of Occurrence
Director and outside institutions or agencies	13
Director only	12
Director and staff	9
Staff conducts its own for new members	8
Outside or Agencies (Universities, DPS, etc.)	7
Attend conferences/workshops	5
Program coordinator	3
Non-codable	3
Staff and outside consultants	2
Director and outside conferences or workshops	1

* Based on 94 centers reporting.

b. Objectives of training

We found that the majority of the respondents (34) did not (or could not) identify the objectives of their staff training programs; rather, they gave vague responses such as "to prepare the staff well" without elaborating on either the methods of preparation or the goals, problems, situations, etc. for which they were being prepared. "To track general child development principles" was another popular category, but here again the principles taught appear vague. Table 8 shows the frequencies by all the categories.

Table 8
OBJECTIVES OF THE STAFF TRAINING PROGRAMS *

Objectives	Frequency of Occurrence
To prepare the staff well	34
To teach general child development principles	21
To provide program and planning skills	18
To teach general skills of working with children	15
To understand parents, children and their home life	4
No objectives	3
Uncodable	1

* Based on 94 centers reporting.

A training program's objectives should clearly state what the trainees must do to demonstrate their acquisition of the requisite skills for competent functioning in a day care center. Objectives written in these terms allow one to select appropriate techniques to help attain them and evaluate the degree of success of these techniques. The more specific and measurable the objectives, the more easily they can be taught in small units and assessed. On the other hand, objectives stated in vague, ambiguous language provide little direction for training personnel and are difficult, if not impossible, to evaluate. A list of a program's objectives provides a good indication of a program's probability of success.

c. Adequacy of training objectives

Viewed in this perspective, the objectives of the day care centers sampled in the inventory are hardly satisfactory. None is stated in behavioral terms and all are general and vague. What principles of child development will be taught? How can one tell that the staff is prepared well? What specifically are the program and planning skills? What is a general skill of working with children? What will the staff be doing to show that they understand the child's parents and their home environment? Based on the above objectives, it would be difficult to know whether the training program has succeeded or failed.

d. In service training

Based on the needs of the trainees and the number and

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

level of skills which must be learned, a program should offer a continuous process of inservice training. The training should take place at regular intervals for specified periods of time. Twenty-four of the 94 centers reported that they had a continuous in-service program but failed to specify the exact schedule or hours of training. (See Table 9) Many vaguely reported that training goes on when needed, while others stated that training occurs all the time. Those which specified times were imprecise and haphazard in their detailing. For example, some centers train for one hour or more a week, others two to six hours, and still others stated the approximate number of days allocated for training. While the wording of the question undoubtedly added to this inadequacy of detail, the general impression given is one of an irregular in-service program, without definite hours, times, or intervals between sessions.

Table 9

DURATION OF IN-SERVICE TRAINING *

Training Period	Frequency of Occurrence
Continuous process	24
Uncodable	14
10 to 15 days	11
1 to 5 days	6
1 hour a week or less	3
1 to 5 hours a week	3
15 to 30 days	2

* Based on 94 centers reporting

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

An adequate in-service program will utilize a full range of materials and techniques to insure that the staff has the needed skills. Included in this would be video-tapes, audio-visual equipment, actual child-adult sessions, role-playing, and various printed materials. Table 10 presents frequencies of use of training materials as reported by 63 centers.

Table 10

MATERIALS USED IN IN-SERVICE TRAINING *

Materials	Frequency of Occurrence
Printed (Training manuals,handbooks, textbooks, etc.)	18
Printed and audio-visual (films, tapes, etc.)	12
Doesn't specify (e.g., Regular Program Materials)	9
No materials used	6
Printed, conferences, and workshops	4
Audio-visual, lectures, and outside observation	4
Classroom material, printed and workshops/conferences	4
Conferences	2
Printed and outside observation	1
Printed, audio-visual, and video-tapes	1
Printed, audio-visual, and role-playing	1
Printed, outside observer, and audio-visual	1

*Based on 63 centers reporting training schedules and hours.

a. Adequacy of in-service training

Table 10 presents a discouraging picture of the programs which reported in-service training. Twenty (almost 1/3 of the 63 total) indicate that they train their workers with only printed materials or conferences. Only one center used video tape equipment; only one center utilizes role-playing; and none of the centers report actual micro-teaching sessions as a mechanism of teaching.

The majority of the centers report use of more than one method of training, unfortunately we do not have more detailed information on exactly how their methods are used. It would appear that the centers rely on the more traditional teaching techniques of printed materials, lectures, and conferences, and they do not frequently utilize the newer techniques (role-playing, micro-teaching sessions, etc.) or the newer equipment (audio-visual resources, etc.) of the educational field.

D. Program Profile

The respondents were asked the very general question, "Do you have a written program?" and "Do you have written objectives for the program?". It is obvious that a written program with clearly written objectives allows all the day care participants to know where their program is headed and how it intends to get there. It is, in this sense, a guide, an essential map whose absence can cause a program to aimlessly float from one orientation to another

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

at the whim of the strongest individuals in the group. Forty-five of the centers had a written program, and reported incidents of written general program objectives.

1. Program Objectives

Table 11 is based on responses from all 94 centers, including those who did not have written program objectives. We asked, "Who determines the program's objectives?"

Table 11

INDIVIDUALS WHO DETERMINE PROGRAM'S OBJECTIVES *

Determinator of Objectives	Frequency of Occurrence
Director	22
Director and Staff	14
Director and Board	1
Director and Parents	1
Director, Board and Staff	2
Director, Board, and Parents	4
Director, Parents, Board, and Staff	1
Staff	9
Outside Agency or Community Board	7
Outside Individuals	16
Parent Involvement	6

* Based on 95 centers reporting.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

To adequately meet a community's needs, a program's objectives should evolve from a cooperative effort of all program participants including director, teaching staff, parents and community representatives. If the objectives come from one group (e.g., director) a mechanism should exist for the other critical groups to review the program objectives. In response to the question, "Who determines program objectives?" (written or otherwise) there is only one instance where all four groups are involved. In 22 centers, the director alone sets the goals. Only 16 centers involve non-staff personnel and six have some parental participation. Thirty-one centers did not respond to this question which may indicate no objectives of any kind. The salient point of these results is the narrow range from which objectives are drawn.

2. Program Planning

Table 12 illustrates the responses to the question, "By whom is the program planned?"

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 12

INDIVIDUALS WHO PLAN CENTERS' PROGRAM *

Program Planners	Frequency of Occurrence
Director and Staff	29
Director only	24
Staff only	11
Parent Involvement	11
Staff and Parents	8
Outside agency or Community Board	5
Parents and Board	3
Director, Staff, Parents	3
No Response	11

* Based on 94 centers reporting.

Ideally, one would expect a representative group to do this. Actually 64 of the 83 responding centers report no outside-staff involvement. Of these, the director alone plans the program in 24 centers. Parents participate in only 11 of the 83 instances. Community support is obviously a critical factor if a day care program is to thrive. The exclusiveness of planning and objective setting highlighted by this study highlights a potential problem in community relations between these centers and the consumers.

Further probing on this critical area of program planning resulted in the following information.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

(1) In 24 cases, program planning is conducted on a weekly basis, while in 18 cases the frequency was daily and in another 18 cases it was monthly. Seven of the centers only program plan once a year, or even, "occasionally." A substantial percentage of the centers (almost 20%) did not respond to this question.

(2) When they do plan, 54 centers report that they spend one to five hours doing it. Ten indicate five to ten hours; only four report 10 to 15 hours. Again, approximately 20% of the centers did not respond to this question.

It should be noted that both of the preceding questions were plagued with ambiguity. For example, respondents did not uniformly interpret "planning". Some felt that they were being asked about the initial planning which took place before their program began. For others, "planning" meant the daily lesson plans which are traditional to the field of education. The results of the question about time per week given to program planning also produced some erroneous responses. Seven of the centers responded time per month or year (rather than the requested "...per week"), while others were vague about their answers.

These difficulties are probably reflective of two factors. First, the questions were not presented clearly enough. And second, the centers apparently do not have program planning frequently enough for it to be perceived as an important regular ingredient of their programs.

E. Parental Involvement

Experience over the past years has indicated the important role which parents can play, and should play, in a quality day care program. Consequently, we were interested in what types of interactions the centers might have with the parents of their enrolled children. Seventy centers indicated that they regularly encourage parents to be involved in the program. In most of these 70 instances (approximately 2/3) the parents are involved at the center itself, usually in the role of aides; the others contribute through the home, possibly providing baked goods, occasional voluntary services, committee work, etc.

1. Frequency of Parent-Staff Conferences

The frequency of parent-staff individual and group conferences is presented in Table 13.

Table 13

FREQUENCY OF INDIVIDUAL AND GROUP CONFERENCES*

Time	Individual	Group
Weekly	24	6
Monthly	18	23
Semi-Annually	10	14
Annually	4	2
Total	56	47

* Based on 94 centers reporting

According to these data, a full 40% of centers do not have individual conferences with their parents over a full year of time. Only 42 (less than 50%) have such meetings on a monthly or weekly basis. The number of times indicated for group conferences is even lower than that for individual conferences.

It is obvious that the family circumstances and characteristics of a child's life play an influential role in his everyday development. It is noteworthy that so few of the centers utilize the parent resource for understanding the child more fully. Without input from the parents, the center can only know a few facets of the child; without cooperation between the parents and the center, the child's development cannot be understood completely.

2. Frequency of Parent-Staff Discussion Topics

Each respondent was asked what topics were discussed most frequently at parent-staff conferences. The frequencies with which different numbers of topics were discussed is given in Table 14.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 14

NUMBER OF TOPICS DISCUSSES AT PARENT-STAFF CONFERENCES *

Number of Discussion Topics Mentioned by Center	Frequency
6	3
5	1
4	20
3	27
2	26
1	7
0	11

* Based on 94 centers reporting.

Most staff-parent conferences were reported to be in the category of "the educational progress of the child" (60). Since very little in the way of an educational component (or the readiness-for-school facilitation) has been demonstrated in other sections of the center evaluations, it is interesting that it is referred to so frequently here. In fact, the second most frequent category, "the child's social behavior" (47), is probably what is meant by the first. That is, the behaviors and needs which the centers generally call education (e.g., the acquisition of "behavior skills" such as sharing) are in fact social skills. Little appears to be really happening in the areas of educational development. Table 15 lists the parent-staff discussion topics and their frequencies.

Table 15

TOPICS DISCUSSED AT PARENT-STAFF CONFERENCES *

Parent-Staff Discussion Topic	Frequency of Occurrence
Educational progress of the child	60
The child's social behavior	47
Administrative matters	31
Health	28
Curriculum, explanation of center activities	21
Eating	19
Personal problems at home	9
Parent-center involvement	7
What the parent might do at home	7
Social services	4
Community problems	3
Teacher-child relationship	3
Child's adjustment to separation from parents	2
Complaints from children	2

* Based on 94 centers reporting.

3. Parent-Child Resources

Forty-six of the 94 centers said they provided parents with materials and resources in order to extend the program at home. The categories into which these materials and resources fall are shown in the frequency counts in Table 16.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 16

FREQUENCY OF CENTERS PROVIDING VARIOUS PARENT - CHILD RESOURCES *

Type of Resource	Frequency of Occurrence
Child development information	13
Nutrition	12
Children's worksheets, activity materials	8
Health	7
Report on child's progress	5
Newsletter	5
Lend toys	5
Child's social behavior report	4
My Weekly Reader section for parents	4
Referrals to community agencies	3
Rainbow Series booklets	3
Safety	2
Family counselling	2
Lend books	2
Book list	2
Head Start materials	2
Information about adult education programs	1
Visual perception exercises	1
Policies and procedures	1
Kindergarten Perceptual Motor Screening Test	1
Suggested toy list	1
Poems	1
Parents asked to contribute to center	1

*Based on 46 centers which provide resources.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

F. Community Involvement

Only 53 of our 94 centers report that they have a "planned program to inform parents, community leaders, and organizations about the center..." These 53 centers were asked to describe the purpose of their community involvement program. The majority (48), logically enough, stated "to inform about the program." The responses did not provide information about what types of resources were utilized; that is, whether their programs consist of printed materials, media announcements, lecture series, word of mouth, etc. Twenty-one centers (including some of the 48 previously mentioned) direct their program orientations toward securing the cooperation of organizations for the use of their staff and services. It is obvious that this is an essential component of community relations work, but it should be only one part of a more comprehensive community involvement program. Other purposes frequently mentioned were to recruit volunteers (20) and to recruit children (16). Few (6) of the centers utilize their programs to solicit funds or commodities.

Fifty percent of the centers make some attempt to inform the community about their center's program. Fewer than 20% indicate community information efforts for any other reasons (e.g., recruitment purposes or the solicitation of funds or cooperation.) If we view day care centers as functioning as a service unit of the local community, existing in a network of service agencies all attempting to deal with the needs of its members, then we can see how critical it is that the lines of communication between the centers and their immediate surroundings stay as open as possible.

The centers state that they also send publicity materials, but at best this material is distributed to the newspapers from only 49 of the centers and to the radio and television in only 34 of the centers (those who send to one type of communications media frequently send to the other).

The purposes of these public relations activities are presented in Table 17.

Table 17
PURPORSES OF COMMUNITY INVOLVEMENT PROGRAMS *

Purpose	Frequency of Occurrence
Inform about the program	48
Secure the cooperation of organizations for the use of their staff and services	21
Recruit volunteers	20
Recruit children	16
Solicit funds or commodities	6

* Based on 53 centers which have a community involvement program.

The community involvement and relations program are headed by the director of the center in 35 cases, although in 18 cases

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

the sponsoring agent filled this task. In only six centers did the staff participate and in seven, the board members. Information pertaining to directorships of community involvement programs is presented in Table 18.

Table 18

INDIVIDUALS WHO DIRECT COMMUNITY INVOLVEMENT PROGRAM *

Head of Community Involvement Program	Frequency of Occurrence
Director	35
Sponsoring agency	18
Board members	7
Staff	6
Parents	3
Volunteers	0

* Based on 53 centers which have a Community Involvement Program.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

G. Language Development

All of the information about language development was obtained from the following open-ended question: "We are concerned with how different programs meet the needs of individual children. Please give me a specific example of how your center meets the individual needs of a particular child in the area of language development."

The majority of respondents interpreted this as a request for information on how they handle a particular child judged to have a specific problem in language development. The other respondents interpreted it as a request for information on how they attempt to enhance the language development of all the children in the center. The numbers of respondents in each of these two categories, and various subcategories, are shown in the following Figure.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

FIGURE I

LANGUAGE DEVELOPMENT *

Problems of Particular Children	69	Speaks few words	21
		Unclear speech	14
		Withdrawn	10
		Poor grammar	9
		Stutterer	6
		Slow learner	9
Enhancement for all Children	24	Telling stories by children	4
		Reading stories to children	4
		Increasing ability and opportunity to communicate	9
		Improving pronunciation	2
		Facilitating proper grammar	5

* Based on 94 centers reporting.

1. Problems of particular children

As can be seen in the preceding Figure, several variations of individual children's problems appeared. The following breakdown illustrates the categories and types of problem situations and the methods used to deal with the child.

a. Speaks few words

In this group were cases where children seldom talked at all, or did not talk to make their needs known. For example:

> "To encourage the child to vocalize for something he wants or needs. If he wants water we encourage him to label this as water."

> "One child (four years old) could only say 'oh,' 'hi,' and 'bye.' Tried to work with him in learning speech. Has come out a lot -- says many more words though not making complete sentences. Worked to get an appointment with speech therapist and have made one. Center is paying for this."

Usually the respondent assumed that the child did not know many words; in some cases the respondent felt the child knew enough words but lacked the motivation to use them to communicate. It should be noted that only four of the 21 cases in this category were from centers for children under three.

There were two basic ways this problem was handled. The first stressed one-to-one conversation using modelling as the learning mechanism. Using this technique, the child was required to repeat what the adult model did. The centers reported examples such as the following:

> "We have one child who is able to speak only a few words. He has been brought out by one of the teachers asking him to repeat sentences."
>
> "When child first came he could not speak hardly any. Every day teacher has worked with him. The teacher would show him an object, say the name of the object and get him to say the name of the object. Now he knows the name of most toys and can say them well. He talks all the time now."

A second approach, sometimes combined with modelling, used one type of behavior modification as the learning mechanism. The following verbatim quotes illustrate this approach.

> "One child who refused to talk, but pointed to the items he wanted, was worked with to be sure he knew and heard the words. Later he was not recognized when he pointed. He first started talking to children, then staff."
>
> "Four year old Bobby would not talk. His way of communication was by shaking his head and pointing. The teacher had him repeat after her the words 'yes' and 'no' instead of shaking his head. When he pointed he was encouraged to ask for whatever he wanted in a short sentence. After working with him for weeks in this manner he no longer points or shakes his head."

b. Unclear speech

Fourteen centers mentioned children who did not speak clearly or did not "speak plain". A modelling approach could be distinguished in five cases, such as, "Child couldn't talk plain -- kids would laugh at him. The teacher would take the child off alone and work with him. She would say the word first, and then urge the child to repeat the word after her. He began to be able to pronounce some words then."

A behavior modification approach was also used:

Example: "Label each object by calling its name. A child mumbled. We didn't respond until the child asked for the object by name."

Phonics games, the Peabody Kit, and a tape recorder were found effective in combatting unclear speech at one center each. At four centers cases were turned over to a speech therapist.

c. Withdrawn

These were cases in which a child did not interact with other children. The respondents emphasized their opinions that the child was not talking or playing with other children due to shyness, rather than to a lack of word-knowledge.

These cases were treated by providing lots of individual attention from adults, and supplying materials that were conducive to more social kinds of play. The following is an account of such an attempt:

> "At first Amelia was quiet and withdrawn. I observed immediately that this was a lack of self-confidence. I discovered one thing, that she took pride in her appearance. I asked her the colors of her clothing and built on this. She began gaining confidence and would interact with other children. Amelia discovered that she could help other children learn their colors. The Peabody Language Development Kit was used in the big group. Amelia knew the answers, but talked softly. She chose a game and came to a teacher quietly for her to talk with about the game. She enjoyed books and games but wanted an adult to share her experiences. Now she is one of the leaders of the group and talks so you can hear her and feels free to talk. She brings objects from home and helps other children."

At least one center believed that it was important to promote "appropriate" sex roles when getting a withdrawn child to play with other children. They utilized two other children in the group (carefully selected as being the same sex as the withdrawn child) to encourage participation in activities that were specifically "girl things". Unfortunately, in the center's opinion, while she has a year later begun to do creative work and plays well with the group, "she still prefers boys to girls to play with".

d. Poor grammar

This problem was dealt with by "correcting him" as in the case of one child described as coming from "...an intelligent home. His mother is a teacher. His expressions are of poor English: 'I ain't got no crayon.' We repeat correct statement immediately. The children even help. Some laugh at his expressions. It doesn't help; Eric joins in laughing, also repeats correct statement made by the teacher or children."

e. Stutterer

In the majority of these cases (5) just having the child slow down was helpful. The centers who mention this as a technique also stress the role of the teacher as an understanding, patient adult. They report "letting him know the teacher had plenty of time to listen".

f. Slow learner

This group of cases had in common the respondent's belief that the child is slow or "below normal" in language development. In some of these cases the respondent was somewhat vague about just what the problem was. Some of the methods utilized for treating these vague problems are vague themselves and present questionable data on their effects as "treatment". An example is the following case:

> "One way is through stories. Read a story which has something related to the child's language difficulty. The teacher then tried to relate the child's difficulty to the story."

In one case the difficulty seemed well pinpointed.

Example: "A child was unresponsive and didn't talk. A hearing test was given. It was found he couldn't hear. Special help in learning to speak clearly is given by the teacher."

In one case the center director felt it would be best to slow down the learning of a child due to the uniqueness of his home situation. This child and his parents had recently moved to the community. Neither could read and the parents were anxious for the center to teach their son to do so. The director discouraged teaching him to read before he was ready. Instead, she exposed him to "center activities -- story reading, picture book discussions, activities on basic reading symbols which has resulted in his interest, enjoyment, and curiosity for further reading."

2. Enhancement for all Children

Among the centers (24) that attempt to enhance the language development of all the children in the center, some could be grouped together for having an objective in common (e.g., learning proper grammar) and some for having an activity in common (e.g., reading stories to children).

a. Telling stories by children

This activity is sometimes cited with a specific purpose.

> "Our children are not vocal. We try to increase their vocabularies by having them make up stories, participate in conversation periods, and describe or tell about activities at our center, no matter how small."

Sometimes, without an explicit purpose.

> "The child is asked to tell a story in a particular sequence -- or to tell any story at all."

And sometimes with a restriction.

> "Speaking -- we allow the children to express themselves -- to get up and tell whatever they have to say -- as long as it is 'fit' to tell."

b. Reading stories to children

None of these four centers elaborated on their rationale for reading stories to promote language development.

c. Increasing ability and opportunity to communicate

These cases used a variety of approaches in the daily programs as tools for encouraging language development.

> Example: "Most of our children lack the ability to communicate. We encourage this through conversation periods (show and tell), watching special programs on T.V., encouraging table conversation, describing foods, telling about the menu."

> Example: "We use show and tell periods to develop vocabulary since this is the area where the most need is. We also use curiosity boxes and encourage conversation at mealtime. Generally our children are just backward and won't talk."

d. Improving pronunciation

Practice is emphasized in this problem area, using structured educational aides. One center reported the following: "As a group these children have difficulty pronouncing words and expressing their ideas and thoughts. Flash cards, matching cards and pictures are used. After much practice and emphasis on this program by the teachers the children improve. Their diction, use of words, increased vocabulary greatly improves."

e. Facilitating proper grammar

Modelling and individual attention are emphasized in these cases. For example, "We try to speak correctly to the children and correct them when they make mistakes."

It can be reasonably assumed that most (if not all) of the centers practice this behavior, but only five of them bothered to relate it as a specific language development tool. Since it is all the language encouragement mentioned for these centers, it appears that they have no real defined or consistent technique.

3. Summary on language development

Theoretically, a staff member identifies a specific need in the language development of a particular child, and adopts a successful approach to meet that need. The actual situation may deviate from this ideal in two specific ways:

1) A language development problem of an individual child may not be identified.

2) The need to identify is not one that actually belongs in, nor can be resolved in the area of language development.

Given these reservations, the following conclusions can be reached: Only 69 of the 94 respondents dealt with the need of a particular child. Twelve of these 69 dealt with needs that it would be hard to describe as "language development". The 12 that did not qualify were chiefly in the subcategories of "withdrawn child" and "slow learner".

In 52 of the 57 cases that did seem to be language development needs of particular children, some degree of success was reported in meeting these needs. In some cases, this success was undoubtedly the result of the approach taken, as in the already cited example of the nontalking child for whom an auditory test revealed a hearing deficiency.

If we give the benefit of the doubt to all 52 "successful" cases (by their own estimate), then 45% of the centers are not able to cite a specific example of meeting the needs of a particular child in the area of language development.

The successful centers frequently made use of an approach that an educational psychologist would call behavior modification, or another approach called modelling or a combination of the two. Usually the respondents themselves did not label the approaches as such, and did not appear to use these approaches and their various facets to the fullest extent possible. Training of staff personnel in the application of these techniques would be desirable. Additionally, providing the centers wishing to meet individual needs in language development with phonics kits and games, records and tape recorders, which were cited as useful at the successful centers would be worthwhile.

A number of potentially harmful practices were noted in the responses of both "successful" and "unsuccessful" centers, as in the case where a child's favorite blanket was taken away from him to get him to talk. Rather than concentration upon a manifestation of behavior (such as holding his blanket) which is not directly related to the desired response (talking), it would be better to develop strategies for encouraging speech which are based on positive reinforcements and successive approximation behavior modification techniques than on one which is negative in nature and unnecessarily distressing to the child.

Another example of a potentially harmful practice was the case in which the center wanted a withdrawn female child to play with "girl things", and with other girls rather than with boys. These goals are being increasingly challenged today. In any event, the restriction of the child to things "appropriate" for a given sex or to playmates of a given sex is likely to be unproductive.

In the cases of the children identified as stutterers, it must be noted that this is a fairly common transitory occurrence in young children which will often spontaneously disappear if not treated. In fact, some authorities believe that calling the child's attention to his stuttering may prolong and fixate the behavior.

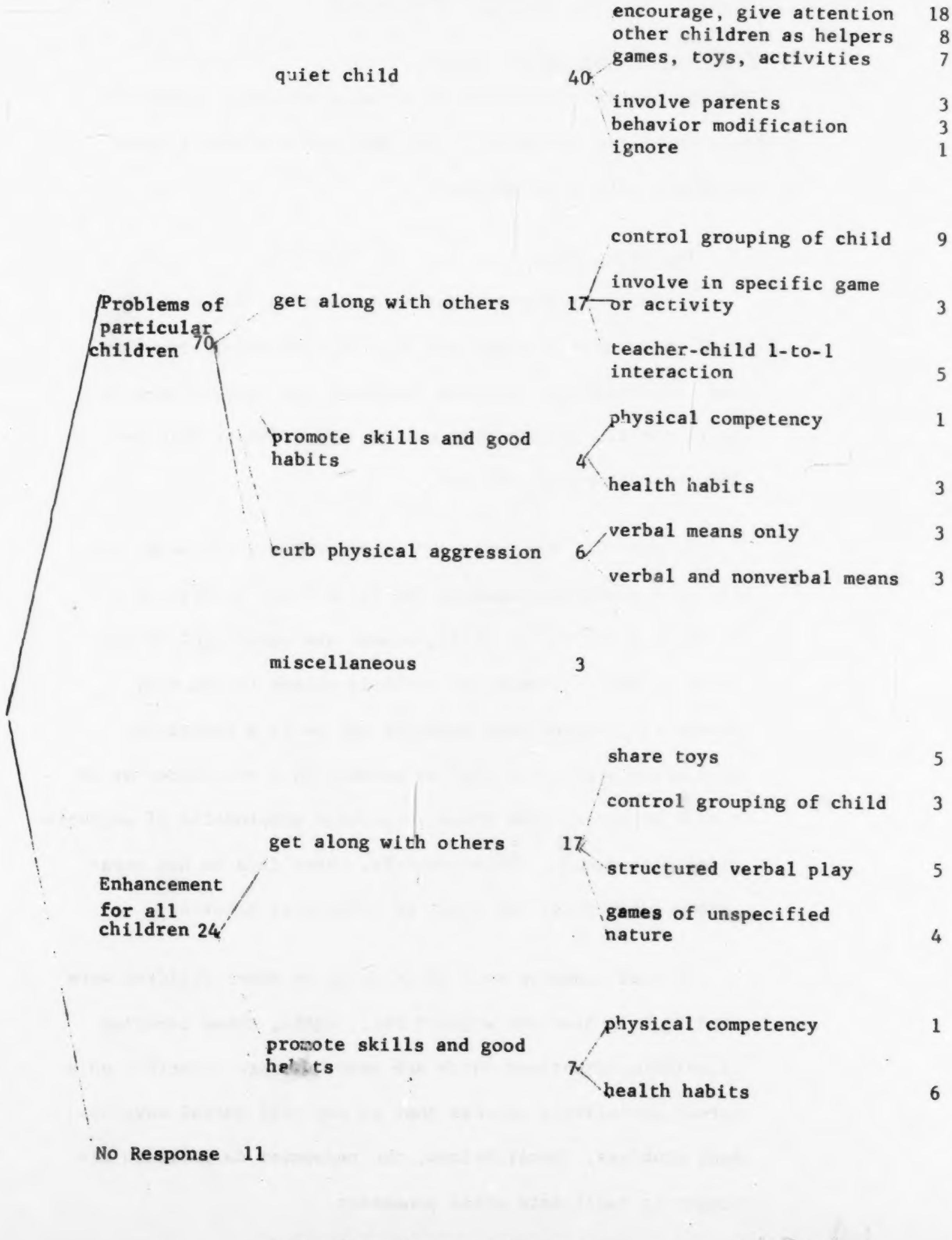
H. Social Development

All of the information about social development was obtained from the following question: "Please give me a specific example of how your center meets the individual needs of a particular child in the area of social development."

The same pattern of responses emerged from this question as in the language development question; that is, some respondents gave information on how they handle the social development problem of a particular child, while others dealt with how they attempt to enhance the social development of all children in the center. Figure 2 shows the number of respondents in these two major categories as well as in various subcategories. (Eleven centers did not respond to the question.)

Figure 2

SOCIAL DEVELOPMENT *


Problems of particular children 70
quiet child 40
encourage, give attention 18
other children as helpers 8
games, toys, activities 7
involve parents 3
behavior modification 3
ignore 1
get along with others 17
control grouping of child 9
involve in specific game or activity 3
teacher-child 1-to-1 interaction 5
promote skills and good habits 4
physical competency 1
health habits 3
curb physical aggression 6
verbal means only 3
verbal and nonverbal means 3
miscellaneous 3
Enhancement for all children 24
get along with others 17
share toys 5
control grouping of child 3
structured verbal play 5
games of unspecified nature 4
promote skills and good habits 7
physical competency 1
health habits 6
No Response 11

* Based on 94 centers reporting.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

1. Problems of Particular Children

The two largest categories of response centered around the problems involving the quiet child, and problems with a child getting along with other children.

a. The quiet child

The most frequently mentioned technique for dealing with the withdrawn child was to give individual attention and encouragement. In some instances the centers gave us quite specific information on how they go about this and in other cases they did not.

In general, the centers utilize traditional techniques for this situation, such as the following: additional interest shown to the child, others are encouraged to respond to him, and teachers verbally relate to him more frequently. Withdrawal behavior may be of a transitory type often associated with adjustment to a new center or of a more permanent type which is perhaps symptomatic of psychological disturbance. Unfortunately, these data do not separate between these two types of withdrawal behavior.

Several examples were given in which other children were used to help draw out a quiet one. Again, these examples illustrate situations which are probably more effective on a normal socializing process than on any real social development problems. Nevertheless, the responses do indicate attempts to facilitate these processes.

A particularly interesting response was the following:

> "For shy children, usually the other children help them more than the staff. After a few days, they will take the shy children into the group. The other children usually will help with this more than the staff."

This comment demonstrates that the children who are identified by these centers as "withdrawn" are not really having the problems which we normally would attribute to the psychological term "withdrawn".

Other techniques utilized to encourage participation include the following:

(1) Games, toys, activities

In these cases the respondents attempt to engage the withdrawn child in some game or activity or use of a toy that will attract other children to join in the play, such as encouraging the playing of "house".

(2) Involvement of parents

One case was reported in which the parent was brought to the center; in two instances a staff member went to the home. Both of these cases seemed to reflect a genuine concern for the adjustment of the child rather than the convenience of the center. The following example was given by the center which indicated that the parents stay until the child is comfortable.

> "When a child enters our center and is somewhat shy, his or her parents are required to stay with the child until they are adjusted. A particular example -- child from India had to have father or mother in the center for three or four weeks with her. When a child needs special attention, one of the teachers is assigned particularly to him."

(3) Behavior modification

These respondents made use of reinforcement contingencies to involve the child.

> Example: "Robert, age five, entered the center two years ago. For the first year he was an echolade, non-social child. He repeated the speech and behavior of other children, showing no originality. After consulting with a clinical psychologist, we began an intensive behavior modification program on Robert. We used his echo-lade behavior as a reward, i.e., he could be allowed to mimic others only after he had successfully communicated either physically or verbally an original idea. His first declaration a year after was 'more port 'n beans'. At the present date he is still semi-echo-lade, but speaks rapidly when called upon for his own answers, and will share at 'show and tell' and make his own decisions as to which table games and activities he wants to play. Although he will always be a slow learner, we feel Robert is well on his way to social adjustment."

b. Getting along with others

Responses in this category indicated the general objective of facilitating smooth, harmonious social function of the children through consideration of others, sharing of toys, politeness, taking turns at activities, etc.

Other methods were suggested as ways of teaching the child how to get along with others. As in the case of encouraging the shy child, the playing of games and activities are seen as effective mechanisms. Sometimes the teacher intervenes on a one-to-one basis and helps the child with whatever dysfunctional behavior she feels he is displaying.

c. Promoting skills and good habits

In these centers an attempt is made to develop a rather specific skill or habit, which is thought to enhance the child's social acceptability. This shows the clear interrelationship between cognitive and social development.

(1) Health habits

The centers which regarded health habits as a critical example of how their center has met the social development needs of a child tend to focus on the cleanliness aspects of health. That is, they felt that the child was being discriminated against because of his physical appearance. They initiated measures to reduce the impact of this physical condition as in the following case.

> Example: Michael used to come to school dirty and the kids did not want to play with him. The children were told to love one another and before Christmas time the teacher submitted his name to the ADC Agency for clothing and they gave her money and she took him shopping. The teacher talked to the mother about the children noticing he was not clean and urged her to clean him up.

d. Curbing physical aggressions

Six of the centers reported incidents which included responses to either physical or verbal aggression. The pattern of response in most cases is to rely on verbal explanation, praise, reproach, and withdrawal of the children from the group to control the physical acting out of the child. When these techniques fail, some of the centers will resort to physical punishment. Consultation with parents appears to be regarded as another "last" resort for dealing with the child.

2. Enhancement for All Children

We were able to identify certain general types of responses to this category (refer to preceding Figure 2) such as the sharing of toys and the development of physical competencies. However, in most cases what we found were the standard comments about sharing, kindness, and other "common courtesies of everyday life". The questionnaire did not probe deeply enough to obtain details or definitions of these very broad and ambiguous terms.

3. Summary On Social Development

It appears that all 70 of the cases categorized as "problems of a particular child" could be put under the broad rubric of social development, and all 70 methods described might be considered successful. This success rate was expected as the respondents were asked to give an instance where the center does meet the individual needs of a child in social development, not merely tries to meet these needs The respondents quite reasonably selected a successful instance to relate. Nevertheless, it is worth pointing out that in 35 of the 94 centers, or 37%, no such instance for an individual child was cited.

Again, as in the case of language development, some of the "successes" are undoubtedly not related causally to the approaches taken.

I. Socialization

1. Rules For Children

Each respondent was asked about the most important rules governing the children's behavior in the center. The frequency with which various number of rules were cited is shown in Table 19. It is encouraging to note that the centers are not over burdened with rules for the children. The modal number of rules per center is only three.

Table 19

NUMBER OF RULES GOVERNING CHILDREN'S BEHAVIOR *

Number of Rules Cited	Frequency
6	2
5	7
4	16
3	23
2	22
1	25

* Based on 94 centers reporting.

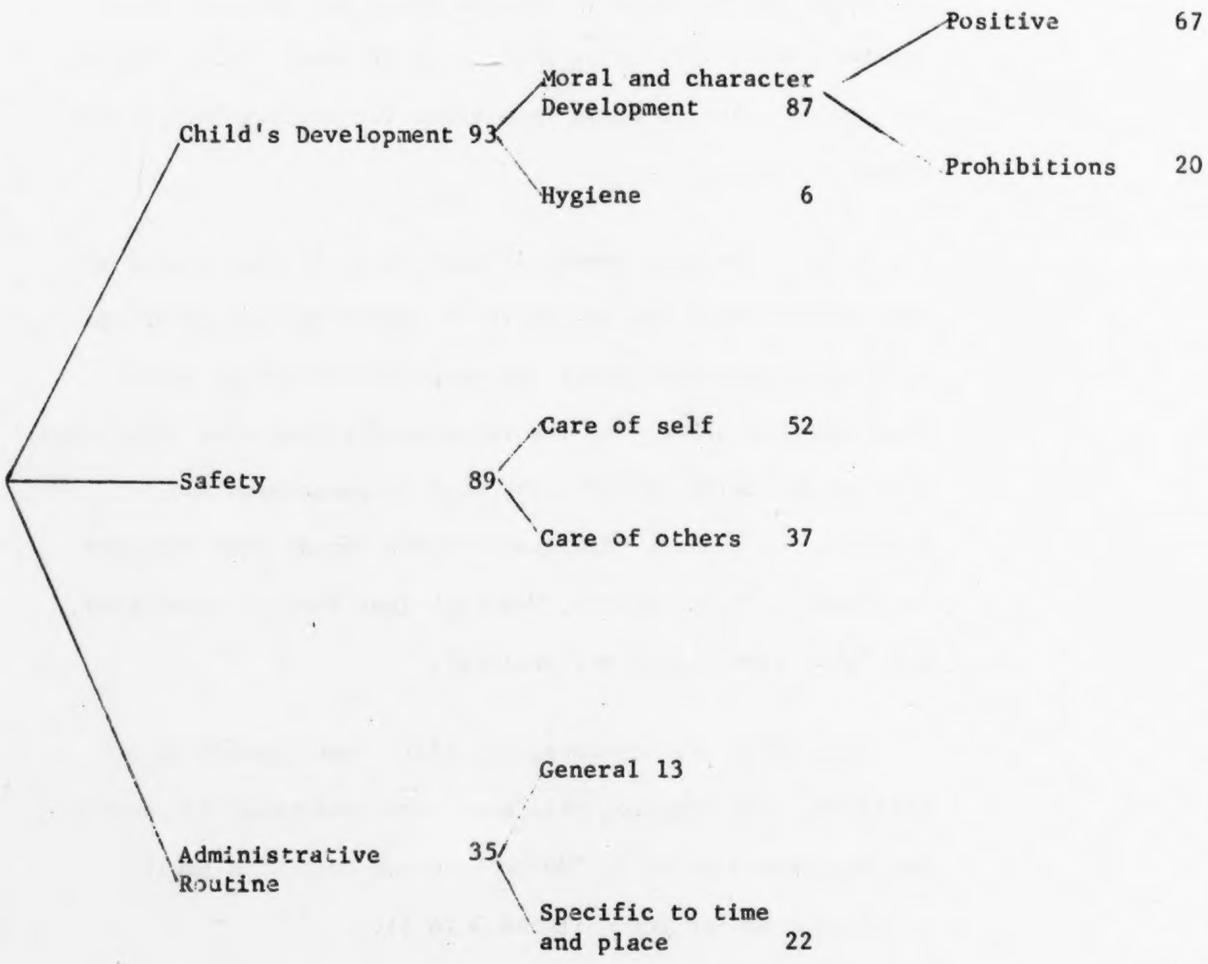
Most of the centers stated rules governing the children's behavior, as was requested. Interestingly, however, 11 of the centers provided information about rules governing the staff's behavior instead.

Rules governing the children's behavior were groupd into the following three main categories: a) Those regarding the child's development; b) Those regarding the child's safety; c) Those regarding administrative routine. These were further subdivided as shown in Figure 3.

The three most commonly cited rules for children's be-

FIGURE 3

RULES GOVERNING CHILDREN'S BEHAVIOR


Positive 67
Moral and character Development 87
Child's Development 93
Prohibitions 20
Hygiene 6
Care of self 52
Safety 89
Care of others 37
General 13
Administrative Routine 35
Specific to time and place 22

*Based on 94 centers reporting.

havior centered around the areas of taking turns and sharing (32); not fighting, hitting, or hurting (28); and getting along together while respecting the rights of others (22). These are indeed rules of basic importance for children's behavior within a center.

However, in many cases, it appears as if the centers do not have a formalized set of rules regarding what is acceptable child behavior; hence the responses indicated merely what came immediately to the respondent's mind when questioned. Some of the rules seemed quite hard to comprehend and/or enforce, for example "freedom", "don't impose your emotions on others", "be yourself", "safety" (not further specified), and "show love toward one another".

Some rules are unnecessarily rigid when applied to all children. For example, "All must take their nap" (at center for children 3 to 6) or "Go to bathroom only with adult" (also at a center for children 3 to 6).

2. Rules for staff

Rules regarding the staff's behavior also have been grouped into three categories: 1) those dealing with treating the child as an individual; 2) those dealing with the teacher as a behavior model; and 3) those dealing with how the teacher should treat misbehavior. The specific rules and their frequencies of occurrence are shown below. Where no frequency is cited, the rule occurred only once.

a. Treating the child as an individual

Teacher should accept child as individual (occurs 3 times)

Try to acknowledge child's individuality

Treat all children alike -- no favorites

Freedom within bounds

Each teacher responsible for children's freedom, boundaries, and limitations

b. Behaving as a model

Build a positive self-image in each child (occurs 3 times)

Set limits (e.g., we use our inside voice) (occurs 3 times)

Be consistent (occurs 3 times)

Be firm, with love (occurs 3 times)

Teacher sets example for behavior in speech, manners, and association with others

Always follow through, consistent with demands and instructions

Emphasis placed on understanding why certain behavior is inappropriate

Teach to share

Develop a good self-image

Keep them busy

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

c. Treating child misbehavior

Verbal or physical abuse never used

Isolate child who misbehaves from group

No cruelty allowed

Anticipate to ward off trouble

If child misbehaves, 1. will be sent to bathroom to sit on potty for short while

2. cannot go outside to play when others do

We don't say "don't do that" but rather "do this"

Regarding rules for staff behavior, those dealing with treating the child as an individual seem rather vague to carry out, and sometimes contradictory, for example "try to acknowledge child's individuality" and "treat all children alike". We have already seen in the sections on language development and social development that some of the centers frequently have trouble with the concept of acknowledging a child's individuality.

The rules dealing with how teacher should treat misbehavior includes the admonition to send a misbehaving child to "bathroom to sit on potty for short while." It is not clear exactly what is intended here, but this seems likely not to prevent the reoccurrence of the misbehavior, and may create negative attitudes toward the toilet.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

3. Use of rewards

Respondents were asked how rewards such as social approval, material rewards and privileges are employed in the center.

a. Type of reward

First they were asked which type of reward was used. The numbers citing each type of combination of types are shown in Table 20.

Table 20

VARIOUS REWARD COMBINATIONS ADMINISTERED IN THE CENTERS *

Type of Reward	Frequency of Occurrence
Social approval	44
Material rewards	3
Privilege	10
Social approval and privilege	23
Social approval and material rewards	2
Material rewards and privilege	2
Social approval, material rewards and privilege	10

* Based on 94 centers reporting.

One respondent cited "notes to parents" as the type of reward used. The responses "smile, hug, pat, verbal praise" were entered under social approval. Among the privileges cited were "can carry out play material, lead lines, pass snack tray" and "gets to lead a specific group activity". The specific material rewards cited were gold stars and happy faces.

b. Frequency of rewards

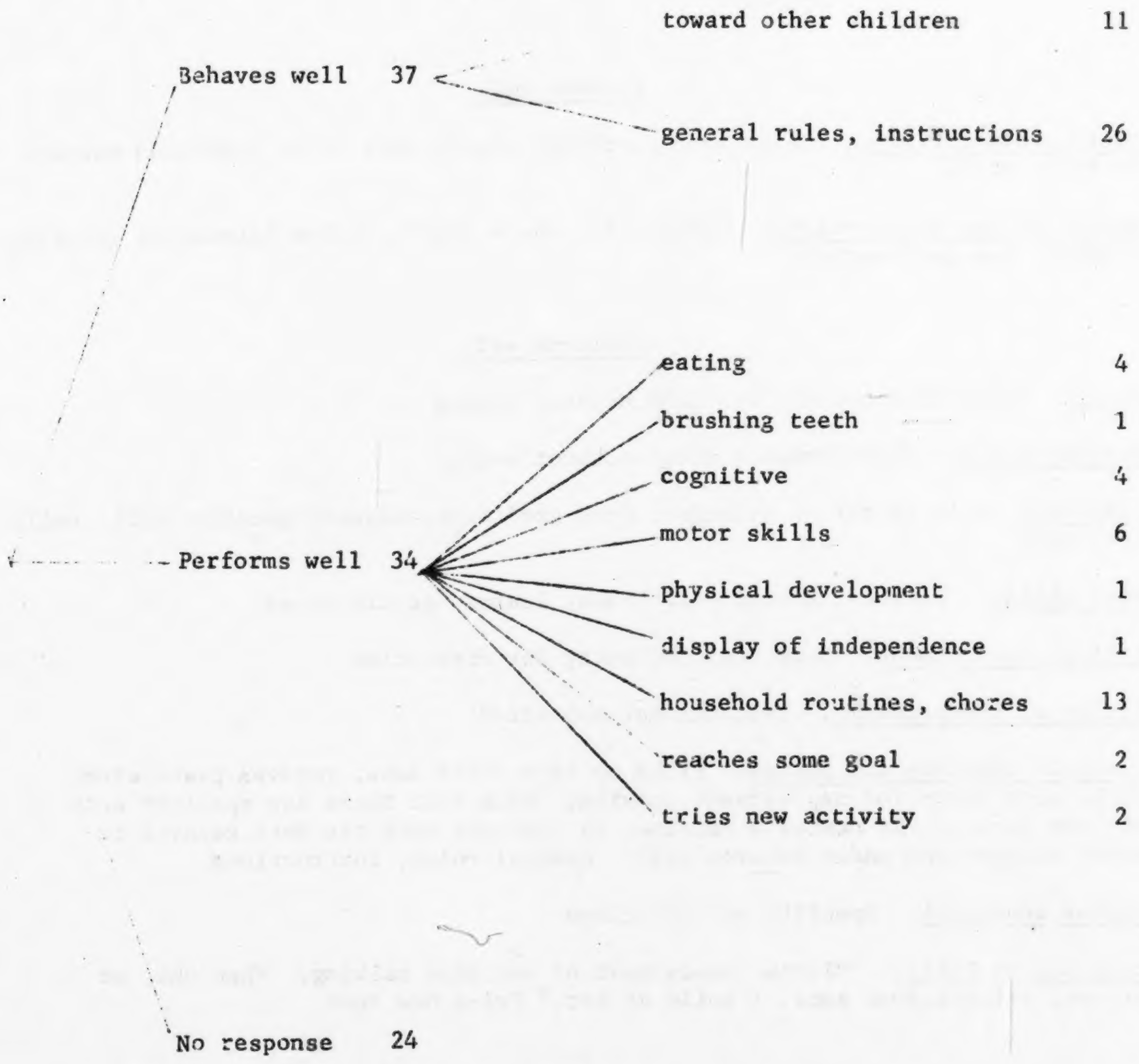
They were then asked how often these rewards were given. There were three different kinds of numerical answers: some responded in terms of number of times per day, others in terms of number of times per day per child, and others merely in terms of "number of times". Since the question was ambiguous, it did not yield useful data.

c. Examples of rewarded behaviors

They were next asked to give an example of the kind of behavior for which a child would get rewarded. Responses were divided first into the two broad categories of "behaving well" and "performing well" and then further subdivided. The numbers in each category are shown in Figure 4.

FIGURE 4

REWARDED BEHAVIORS *


toward other children 11
Behaves well 37
general rules, instructions 26
eating 4
brushing teeth 1
cognitive 4
motor skills 6
Performs well 34
physical development 1
display of independence 1
household routines, chores 13
reaches some goal 2
tries new activity 2
No response 24

* Based on 94 centers reporting.

Here are brief descriptions or examples of what went into each of the subcategories present in the accompanying Figure.

Behaves well

Toward other children. Helps younger child, shares well, does something special for other child

General rules, instructions. Minds well, obeys staff, follow directions quickly, is quiet, has good manners

Performs well

Eating. Child finishes all his food without urging

Brushing teeth. Child brushes teeth without urging

Cognitive. Able to set up calendar, does good work, answers question well, tells story well

Motor skills. Learned to work with hands, learned to tie shoes

Physical development. Uses training potty for first time

Display of independence. Specific act not cited

Household routines and chores. Picks up toys after done, removes plate after lunch, gets ready for nap without coaxing. Note that these are specific acts that are part of the center's routine, in contrast with the more general behavior categorized under Behaves well: General rules, instructions

Reaches some goal. Specific act not cited

Tries new activity. "Gloria spends most of her time talking. When she, on her own, selects some game, I smile at her." Tries new food

d. Effectiveness of rewards

Finally, they were asked about the effectiveness of the reward system used. Ninety-one said it worked, three did not reply.

e. Comments on use of rewards

Perhaps the best kind of reward to administer is that of social approval. It does not require any special supplies, as do material rewards. It is immediately repeatable, while a "privilege" such as being allowed to set the table can only be realistically used once per meal. But most important of all, social approval can be administered by a word, smile, or pat, immediately after the behavior it is intended to reward. Immediacy of reward is one of the most important factors determining effectiveness of reward. It is therefore good to see that 44 centers use social approval as the sole type of reward, and another 35 centers use it in conjunction with other types. But that leaves 15 of the 94 centers that do not mention social approval as a reward, or probably more accurately, do not cite it as a type of reward they use. It is easier to believe that these 15 centers do not make an explicit attempt to use social approval as a reward for behavior they want to encourage, than to believe they do not use it at all. This suggests the need for training staff in explicit use of social approval as a reward.

The fact that only 71 of the 94 centers gave responses when asked to give examples of the kinds of behavior for which a child would get rewarded indicates that there is considerable room for training centers in the use of reward for socialization purposes.

4. Use of punishment

a. Type of punishment

Respondents were asked how punishment was used in the center. First they were asked what type (physical, verbal, withdrawal) was used; these results are presented in Table 21.

Table 21

VARIOUS PUNISHMENT COMBINATIONS ADMINISTERED IN THE CENTERS*

Type of Punishment	Frequency of Occurrence
Physical only	0
Verbal only	14
Withdrawal only	31
Physical and verbal	2
Physical and withdrawal	1
Verbal and withdrawal	32
"Take away privilege"	3
"Try to punish the act, not the child"	1
Physical, verbal and withdrawal	11

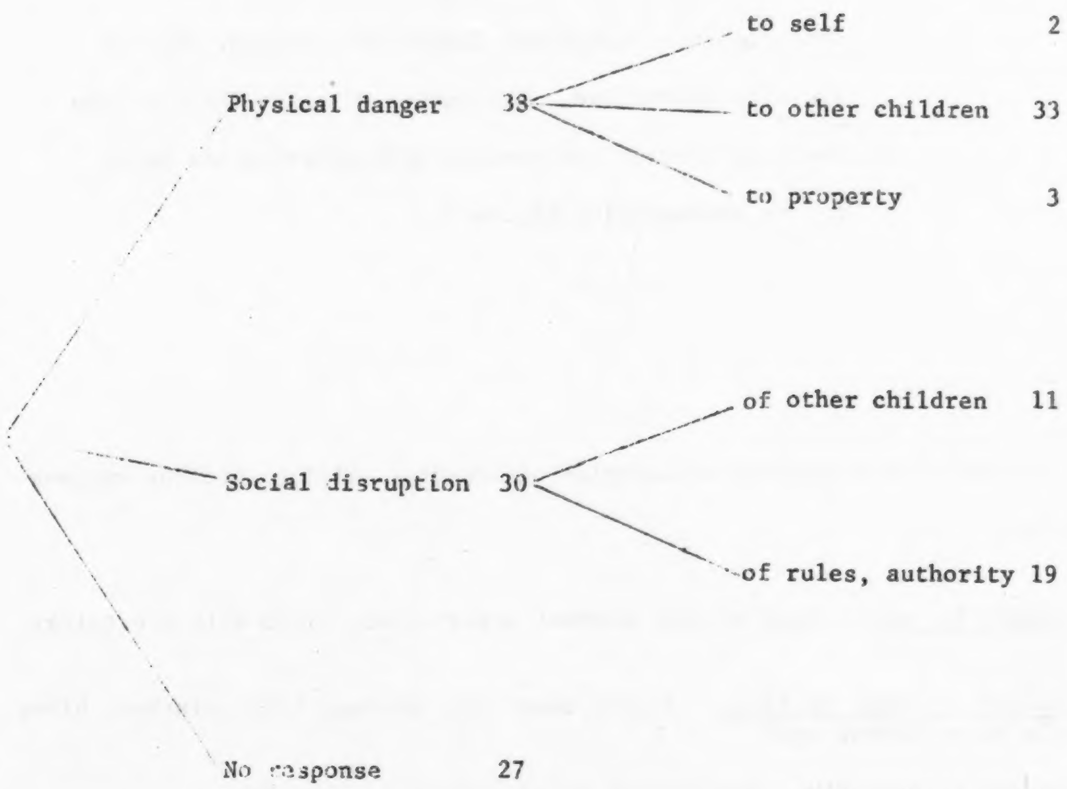
*Based on 94 centers reporting.

b. Examples of punished behaviors

The respondents were then asked to give an example

FIGURE 5

PUNISHED BEHAVIORS *


to self 2
Physical danger 38
to other children 33
to property 3
of other children 11
Social disruption 30
of rules, authority 19
No response 27

* Based on 94 centers reporting.

of the kind of behavior that would be punished at the center. The two major categories were for behavior that presents a physical danger and behavior that is socially disruptive. The number of cases falling into these categories and various subcategories are shown in the accompanying Figure 5.

Here are brief descriptions or examples of behavior falling into the various subcategories.

Physical danger to self. Goes outside without supervision, plays with electrical outlet

Physical danger to other children. Fights over toys, pushes, hits, pinches, bites, spits, pulls hair, throws sand

Physical danger to property. Destructive to equipment, misuses toy

Social disruption of other children. Didn't share, toy snatcher, disturbing others during quiet time, takes food from others

Social disruption of rules, authority. Loud, disruptive, not following directions, using bad language

c. Effectiveness of punishment

Finally, the respondents were asked about the effectiveness of the punishment used. Eighty-one respondents said it worked. The others gave qualified or negative answers, as follows: "fair" 1; "usually" 2; "sometimes" 4; "not entirely" 1;

"a little" 1; "not sure" 1; "doubtful" 1; "not much" 1; "if child is not stubborn, it may work" 1; "no" 1.

d. Comments on the use of punishment

Since physical punishment for young children, especially when carried out by adults other than the child's parents, is controversial as to effectiveness, morality, and long term effects, it is worthwhile quoting the details provided on physical punishment by eight centers. The other six centers which admit to using physical punishment do not provide any details.

Example: "Parents aware children may be gently spanked."

Example: "Have on very few occasions paddled a child's hand when child endangers self or others."

Example: "If a child bites we spank their legs and say no, no. We explain to the child why he is being spanked.

Example: "Paddle rarely used."

Example: "Spank infrequently with 12" ruler."

Example: "Sometimes one will pull cover off another child; then name put on blackboard and must stand against wall for half an hour."

Example: "If you don't quit crying I'll put you in a dark closet."

Example: "Biting another child. When all else failed, child was forced to bite into a cake of soap."

It is felt that the last three examples of physical punishment cited, and probably the others as well, are unduly harsh.

It is interesting to note that the last center ("forced to bite into a cake of soap") is the same center whose most important rule governing children's behavior (see earlier section) is "Child permitted to be himself".

The kind of behavior cited most frequently as an example of what would be punished is behavior that involved physical danger to other children (33 centers). About as many centers (27) gave unresponsive answers to this question.

The general impression gathered in this section is that perhaps 5 to 10% of the centers are using unduly harsh physical punishment, punishment is not reported to be as effective as is reward in behavior management, and 28% of the centers cannot say exactly what behaviors they punish.

J. Health Development

Because the provision of health care is a critical component of quality developmental day care, the study examined the health care being provided to the children in these particular day care centers. We were specifically interested in the following four areas: 1) available health care personnel; 2) diagnostic data; 3) immunization data; and 4) community health resources.

1. Available health care personnel

The data on available health care staff is described in Table 22.

Table 22

AVAILABILITY OF HEALTH SERVICE STAFF

	Regular Part Time	Consulting Basis	Referral Basis	Total Resources Available (94)
Nurse	41%	7%	18%	65%
Physician	21%	14%	32%	66%
Mental Health Resource	5%	3%	57%	63%
Dentist	14%	6%	36%	55%

* Based on 94 centers reporting.

Needs being met through the services of regular paid time health care staff would probably produce the most consistent, most thorough aid. Those being met through a referral agent tend to be more sporadic and more specific to individual "crisis". The individual most frequently mentioned in the "regular part time" category was the nurse (41%), followed by the physician (21%), the dentist (14%), and the mental health resource (4%). It is difficult to assign priorities to any of these areas as they are all basically important to the health care of the child. At least 20% of our centers report that they do not have access to regular part time care.

The least frequently mentioned health care personnel were those assigned to the "consultant" category. At most, only (35%) of the centers report having access to this type of staff personnel even though this could provide an economical means to insure quality health personnel. The majority of the centers indicate knowledge of personnel who are available as referrals (133 such individuals were named). Unfortunately, in most cases this means that the centers have some information about the source they might approach should they have serious problems (the "crisis orientation") but relatively few of them have health care staff support on any consistent basis.

The figures at the right hand side of the previous table illustrate the lack of health staff availability. Over one-third of all centers do not know of available nursing care; over one-third do not know of possible physician care; over one-third do not report access to or even information on dental care; and over 40% do not know of appropriate staff for dealing with the concerns of mental health. These data provide reason for concern regarding an adequate health component in Alabama day care centers.

2. Diagnostic data

Information obtained on immunizations suggests that only a small percentage of the children have been checked for their basic developmental status. Table 23 presents these findings.

Table 23

CHILDREN WHO RECEIVED DIAGNOSTIC TESTS *

Type of Test	Number in Sample	Percent of Total (3909)
Tuberculin test	2166	55%
Urine test	1922	49%
Word test	1304	33%
Vision test	1100	28%
Hearing test	946	24%
Speech test	606	15%
Bad poisoning	68	2%

* Based on 94 centers reporting.

The only diagnoses which occur very freqently are the tuberculin and the urine, but even these are mentioned for only approximately 50% of the children enrolled in these centers. Blood tests have been given to 33% of the children. The data concerning diagnosis in the areas of vision, hearing, and speech are particularly disturbing since we know that early diagnosis and treatment is critical to minimizing physical problems and enhancing the development of the child. Over 70% are without vision testing; 84% are without speech testing; and 76% are without hearing testing.

3. Immunization data

Immunization against diseases is taken for granted in America. The general public tends to assume that all children are somehow automatically given the necessary shots to protect them from the old horrors of polio, diphtheria, and the carrying of measles (with its destructive results upon intra-uterine fetuses). The results presented in Table 24 suggest that at least for the sample children, many are left unprotected.

Table 24

CHILDREN WHO RECEIVED IMMUNIZATIONS

Reported Immunizations	Number in Sample	Percent of Total (3909)
Polio	2571	65%
Diphtheria	2683	68%
Measles	2082	53%
Rubella	1939	49%
Tetanus	2493	63%
Other*	1372	35%

*Whooping cough (716); Mumps (218); Smallpox (235); Chicken pox (30); Typhoid (31)
(Based on 94 centers reporting.)

In all of the cases reported above, at least 30% of the children are unprotected from these diseases. In two areas, measles and rubella, barely 50% of the children have been immunized.

There are several possible explanations for these figures. It may be that the figures are indeed correct and substantially large numbers of the children are exposed to unnecessary attack from these diseases. It may be that the figures are incorrect; that more of the children have had the immunizations, but the centers do not know it. Or it may be that the figures are wrong for another reason; perhaps the centers were careless in recording and then reporting the medical histories. None of these possible explanations is acceptable. It is essential to quality care that the children are receiving proper health attention and that accurate records are kept on each child's health status.

4. Community health resources

Some interesting results appeared in response to the question about available health agencies in the community. Table 25 summarizes the availability and frequency of use of these resources by the centers.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 25

AVAILABILITY AND USE OF COMMUNITY HEALTH AGENCIES

	Available	Used in Past Year
Mental Health Clinic	56	1
Tuberculosis Associations	44	1
State Crippled Children's Assoc.	44	1
Associations for the Blind or for Prevention of Blindness	32	6
Fraternal Organizations	28	1
Clinics	22	3
County Health Departments	21	6
Family Service Associations	20	2
Catholic, Protestant, Jewish Welfare Associations	19	3
Medicaid	18	3
School Health Programs	14	2
Prepaid Medical Services	14	2
Armed Forces Medical Services	11	3
Local College or University	11	11
Mobil Preschool for Deaf	2	2
Other*	6	6

*Others: Community Action Prog. (1); Church agencies (2); Beltone Inc. (3)

(Based on 94 centers reporting)

The health agencies best known are those least used. The Tuberculosis Association, Mental Health Clinics, and State Crippled Childrens' Association are all mentioned over forty times, while their use within the past year is limited to once each. It may be that these centers serve a clientele which has no use for these specialized services while a local college may provide a breadth of service to a center. None of the known agencies is used very much. The most frequently used is the County Health Departments. Since these agencies do exist to provide assistance in the areas of health and child services, it would seem worthwhile to establish where the breakdown occurs between those who need help and those who provide help. It is obvious from these data that very little is going on in terms of exchange between these two groups.

K. Nutritional Development

1. Frequency of meals and snacks

The largest number of the centers (44) report that they provide one meal and two snacks each day. Another 23 provide two meals and one snack; 15 report two meals and two snacks. Since these centers are almost all full-day care, it is very important that the quality of food meets the basic nutritional needs of the child.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

2. Nutritional planning

Thirty-one relied on the director or supervisor of the center to determine the nutritional aspect of the meals and snacks. An additional 25 centers report the services of a nutrition consultant; the others report various individuals ranging from "cook" (5) to teacher (1). In some cases, more than one of these categories of individuals was reported as being responsible for the selection of food. It may be that in some cases the director and the nutrition consultant share menu decisions, and in some cases the director and the nutrition consultant are the same individual.

In 41 centers, menus are usually planned at least one week in advance; in 42 other cases they are planned even more than one week in advance. This long-range planning reflects the need to grocery shop on a once a week basis and compliance with the state licensing standards that meals be planned in advance. This need for planning should provide the center with the opportunity to serve balanced meals each week.

3. Quality of meals and snacks

Little information was given in this inventory about the types of snacks served: thus, no attempt will be made to assess their nutritional value.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

In regard to meals, the centers report that they serve the "ideal" food combinations (meat, milk, vegetables, fruit, and bread) at the noon meal. Eighty-five percent indicate this pattern; an additional 10% checked "meat, fruit, vegetables, and bread". Unfortunately, the current data do not indicate what kind of meat is being served, whether the vegetables are leafy, green, or yellow, if the fruit is citrus fruit, and other important considerations for nutritional assessment.

The following data adds to the nutrition profile of the centers:

		YES
a. "Do you daily serve	fruit	79%
	citrus fruit	31%
	vegetables	96%
	meat	79%
b. "Do you twice a week serve dark, leafy, green vegetables		91%

c. "How many times per week are meat substitutes served

Once	49
Twice	5
Three	0
Four	1

Specific data are available on the quality of breakfasts. Forty-three of the centers report that they serve breakfast to their children. Information on the number of centers serving various foods is presented in Table 26.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 26

FOODS SERVED FOR BREAKFAST *

Food	Number of Centers In Which Served	Percent of Total (43)
Milk	43	100%
Cereal	39	90%
Bread	37	86%
Fruit	35	81%
Meat	34	79%
Eggs	30	69%
Juice	8	18%

* Based on 43 centers which serve breakfast.

These figures would suggest that the child being fed breakfast in the day care centers is receiving good, nutritional food. Again, as in the case of the noon meal, we do not have specific data on the type of meat, cereal, or juice being given; nevertheless, the foods mentioned here are probably adequate for good care, provided they are supplied in reasonable quantity and in combination with one another.

In addition to preparing a nutritious meal, it should be served in the most appealing manner possible. Whether or not the teachers sit with the children during a meal can provide an indirect measure of the serving conditions. The centers report that in most instances the teachers sit with the children during meals. In only a few reported cases (5) were the children left to themselves while eating. Other individuals who help out are aides (7), staff in other capacities (4), and volunteers (2).

4. Costs And Financial Aid

Estimated costs of food care per child ranged from less than 25¢ a day (2 centers) to $1.00 a day (6 centers). The majority reported their expenses to be in the .75 (32) or .50 (47) categories, while four of the centers indicate that they spend approximately .25 a day per child. The sources of financial aid which were reported for the centers' food services are listed in Table 27.

Table 27

SOURCES OF FINANCIAL SUPPORT FOR FOOD SERVICES *

Source of Support	Number of Centers Served
Parent fees	28
HEW	9
Head Start	2
USDA School Food Service Program	2
Commodities	2
OEO	1
DPS	1
Model Cities	1

*Based on 49 centers which responded to this item.

5. Staff Training In Nutrition

Finally, we were interested in the number of centers who have had a member of their staff attend in-service nutrition classes. Thirty-seven of the centers reported that none of their personnel had attended such sessions within the last two years. A large number (24) of them indicated "one or two times"; this probably means that they attend on a once a year basis. Eight reported three to four times, while 20 responded that they have sent someone five or more times within the past year.

In most cases it is either the director (17) or the cook (15) who attend. These in-service training programs are usually given by a nutritionist, but other sources were also listed; local college or university (9), state government agencies (6), public schools (3), and outside consultants (2).

L. Family Development

Many day care centers -- particularly those serving low-income children -- offer the participating children and their families a variety of educational services. If possible and appropriate, the centers should offer a comprehensive program of services. The following table describes the extent of social services offered by the centers, outside agencies, and/or DPS.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

As illustrated in Table 28 many centers are not aware of the social services existing in their locale. In many cases, these services which are offered by outside agencies are those which are not offered by the centers. A large number of program consultants (11) supported this conclusion by pointing out that there were county services that they knew existed but these were unknown to the director. Transportation, health education for children, parent education, and nutritional counseling are the most widely offered services though less than half the centers provide them. In addition, the centers are particularly weak in counseling services, home management and consumer education, housing and recreational services. Since many of these services are not provided by the surrounding locales, the families are not receiving benefits which can improve the day care programs' influence on their children. The following table shows a preponderance of services in Jefferson, Mobile, and Madison counties but insufficient coverage in the other counties in our sample. In some counties, many of these services are offered by one agency. For example, in Lawrence county, family planning, family counseling, health education for children and nutritional counseling are all offered by the Health Care Project. In Sumter county, vocational counseling family counseling, home management and consumer education, and housing are given by the County Extensive Service. Of all the services by outside agencies, transportation, adoption, legal and protective services are provided for the least.

These data indicate that DPS should determine if centers supplying day care slots for AFDC children are tied into a social service network. If these children and families are not receiving this help, the linkages should be established as soon as possible.

Table 28

EXISTING SOCIAL SERVICES *

SOCIAL SERVICE / COUNTY	Chambers	Coffee	Cullman	Dale	Escambia	Etowsl	Jefferson	Lauderdale	Lawrence	Macon	Madison	Marshall	Mobile	Montgomery	Morgan	Pickens	Randolf	Sumter	Talladega	Tallapoosa	Tuscaloosa	Walker	Wilcox		
Transportation											3														
Family Planning	1				1		3	2	1	1	4		3	1						1	1	1			
Vocational Counseling	1						2	1	1	2			6	1	1	1		1		1	2	1			
Family Counseling							5	1	1	2	5		4	1	1			1		1	2	1			
Parent Education			1				5	2	1	1	5		4			1						1			
Home Manage & Consumer Ed.	1		1				5			2	5	1	2	2		2		1		1	2	1			
Health Ed. for Children			1			1	3	1	1	4	5		4	1	1	1	1		1		1	1	1		
Nutritional Counsel		1		1	1	2	4		1	3	2		4	1	1	1	1		1		1	1	1		
Housing	1						5			1	4	1	1	1	1			1		1	1				
Recreation			1		1	1	6	1		1	3		1	1	1	1	1		1		2	1			
Adoption Services											2		1												
Legal Services							3			1	2		4								1				
Protective Services							1			1	3		2												

The chart indicates number of county agencies offering these social services.

In some counties same agency provides all services (see list)

* Based on 94 centers reporting.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

M. Day-Care Center Evaluation

1. Frequency of Evaluation

Throughout the entire inventory various inquiries were made into the centers' attitudes toward, and utilization of, evaluation procedures. When explicitly asked how often they evaluated their program, the respondents gave the results presented in Table 29.

Table 29

FREQUENCY OF PROGRAM EVALUATION *

Number of Times Evaluated	Frequency of Occurrence
Weekly	3
Monthly	33
Every 3 months	21
Every 6 months	14
Yearly	12
Never	11

* Based on 94 centers reporting.

2. Cost of Evaluation

Although only 11 centers reported no evaluation at all, 61 others reported no money budgeted for this purpose; the remaining 22 centers who did report at least some funds for evaluation indicated a funding range of less than $50 (1) to more than $200 (9). The majority (11), however, fell within the $50 to $100 category, while one reported the $100 to $200.

Evaluation is often an expensive procedure if done correctly, but it is critical to the continued growth and development of any day care center. The extremely sparce funds set aside for evaluation and its low priority rating throughout the other sections of the questionnaire reflect negatively on this facet of center operations.

3. Methods of Evaluation

Two are evaluated on a weekly basis by the Board of Education and a college accreditation committee; four on a yearly basis by a paid consultant; two every three months by staff, community, consultant and outside agency; and one on a weekly basis by staff and members as well as a paid consultant. Out of 94 centers, it appears that only nine attempt a professional evaluation of their program. The quality of this evaluation is unknown.

Although only 22 of the centers reported budgeted funds for evaluations, all of them were asked for further information on their informal evaluation procedures. Responses were obtained to the following question, "How do you evaluate the effects of your program on the children's development?" Most (72) indicated that they rely heavily, or even solely, on teacher evaluations.

Standardized tests alone or in conjunction with teacher judgment are utilized in only 14 centers. While the use of teacher opinions is easiest and least costly to utilize in determining the impact of the program upon the individual child, it is fraught with various problems, such as teacher bias and subjectivity.

4. Uses of Evaluation

The purpose of evaluation is to channel the results back into the program so that improvements can be made. For this to be done effectively all those involved with the program should be given evaluation feedback. The following question was incorporated at this point: "How are the results of the evaluation of the program used?" The centers indicated that the evaluation data are used for a wide variety of purposes. In almost all cases the centers indicated that they used the results for some kind of "internal improvement". How this was done remains unknown. Only 34 centers reported results to parents or community groups. This is a serious drawback since the community must be better informed about the progress of its program.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

N. Need for Technical Assistance

Day care centers may be provided technical assistance because the center directors perceive a need or because the licensing agency perceives a need. An attempt was made to identify both types of needs in this study. In the case where the center perceives the need, questions were designed to elicit perceived needs for consultation and resources in the areas of administration, program, health, and nutrition. In order to aid the Department of Pensions and Securities in identifying unmet needs for technical assistance, consultants from UEC conducted site visits to representative centers around the state.

1. Center's Perceived Needs

The respondents were asked to rank order their perceived needs for consultation in the area of administration.

a. Administration

The frequencies with which each area was checked are listed in Table 30.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 30

PERCEIVED ADMINISTRATION NEEDS *

Perceived Needs	Frequency of Occurrence			
	1st	2nd	3rd	Total
Program evaluation	17	15	12	44
Staff development and training	19	7	7	33
Staff evaluation	4	7	12	23
Community relations	7	5	9	21
Use of community resources	1	11	6	18
Staffing patterns and functions	4	7	6	17
Developing a policy manual	6	6	4	16
Personnel problems	3	10	2	15
Record keeping procedures	3	6	4	13
Financial management	3	6	4	13
Funding	6	2	5	13
Social services	2	7	3	12
Intake procedures	1	1	7	9
Board relationships	0	4	1	5
Inter-agency relationships	2	0	2	4
Other	0	0	1	1

* Based on 94 centers reporting.

It is somewhat interesting to see the enthusiasm for evaluation which this question reveals, since other aspects of the study have indicated quite the opposite. As can be seen, the overriding concerns of the centers with regard to administrative consultation are both evaluation and staff development and training. Others frequently mentioned are financial management, community relations, and personnel problems.

These data suggest that the centers are perhaps not as unaware of the need for evaluation and staff training as one might assume from other data gathered in the survey. It may be that the day care centers are kept so busy dealing with the more immediate demands of day care that they simply do not have the time, energy or resources to initiate and maintain an evaluative program. In other words, the list of priorities under which the centers operate may be filled by pragmatic, required elements which are perceived to be on a first priority basis. However, the presentation of a list such as this from which the individual must choose, enables the respondent to select what he really wants by way of administrative technical assistance.

b. Program

In order to examine the perceived need for technical assistance in the program area, the respondents were asked to indicate their rank order preference for program consultation and program resources.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

(1) Program Consultation

Table 31 presents the perceived needs for program consultation:

Table 31

PERCEIVED NEEDS FOR PROGRAM CONSULTATION *

Perceived Needs	Frequency of Occurrence			
	1st	2nd	3rd	Total
Understanding child development and early learning principles	29	11	7	47
Planning and implementing program	8	23	13	44
Developing program activities	24	6	7	37
Using materials effectively	2	10	11	23
Parent involvement	3	8	12	23
Handling behavior problems	6	10	5	21
Individualizing the program	10	2	8	20
Preparing program objectives	4	10	3	17
Audio visual resources	3	4	4	11
Evaluation of program, staff or children	0	5	6	11
Strategies for more adequate funding	3	3	3	9
Arranging activity rooms	1	4	4	9
Selecting materials	1	3	3	7
Child record keeping	1	1	4	6
Selecting equipment	0	1	1	2

*** Based on 94 centers reporting.**

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

The centers perceive their primary needs to lie in the areas of basic early, childhood education knowledge, (40 cases) program strategies, (30 and 31 cases) and behavior management (16 cases). The areas of parental involvement (11), the preparation of program objectives (14), and individualizing the programs (12) were also stressed by the respondents. The low priority given here to evaluations of either staff, program, or children may be misleading because the respondents answered the administrative perceived needs first and reported a significant need for technical assistance in program evaluation.

(2) Program Resources

In addition to the question about program consultation, the respondents were asked to identify the program resources which they would like to receive. They indicated their 1st, 2nd, and 3rd choices as seen in Table 32.

Table 32

DESIRED TYPES OF FREE PROGRAM RESOURCES *

Free Program Resources	Order of Importance			
	1st	2nd	3rd	Total
Program materials	39	20	22	81
Indoor equipment	14	26	15	55
Parent-child materials	16	18	21	55
Outdoor equipment	15	15	13	43
Evaluation resources	7	13	23	43

* Based on 94 centers reporting.

The above rankings suggest that the centers have strongly-felt needs for program materials. The needs for types of equipment (indoor and outdoor) and parent-child materials seem to be equally shared. Evaluation responses are again difficult to interpret because the question was answered by the respondents earlier in a slightly different form.

c. Nutrition

Approximately 33% of the centers indicated that technical assistance in the area of nutrition was perceived as a high priority need. This is an important datum in light of the fact that the centers appear to be doing a satisfactory job of meal planning, preparation, and serving.

d. Health

The respondents were asked to indicate their rank order priority for technical assistance in the health area. Table 33 summarizes these data.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

Table 33

PERCEIVED NEED FOR HEALTH ASSISTANCE *

Perceived Need	Frequency of Occurrence				
	1st	2nd	3rd	4th	Total
Staff training	11	6	17	7	41
Child health education	10	10	10	7	37
Parent health education	10	9	11	7	37
First Aid	8	11	10	4	33
Accident prevention	3	12	6	8	29
Dental care	10	4	8	4	26
Referral resources	5	7	5	9	26
Health evaluations	1	3	10	4	18
Follow-up and re-evaluation	4	4	2	7	17
Sanitation	2	5	1	4	12
Personal hygiene	0	2	4	6	12
Record keeping	2	6	0	2	10
Others	3	1	1	0	5

* Based on 94 centers reporting.

It is interesting to note that both child health education and parent health education are frequently noted. Several of the frequently requested are very practical in nature, such as record keeping, accident prevention, sanitation, first aid, and personal hygiene.

2. Consultants' Perceived Needs

A cautionary note should be added in introducing this subsection: since only about a dozen centers were visited the possibility of biased observations must be remembered. On the positive side, the consultants represented different areas of expertise in operating a day care system and their "clinical" observations may shed some light on what technical assistance should be provided to the centers.

The centers selected for visitation purposefully reflected a range of quality -- from the best to the worst. This discussion attempts to synthesize the salient impressions from the 11 consultant's observations. The comments apply to the typical case rather than either extreme.

a. Administration

(1) Economics

Lack of money is the root of most of the problems in all of the day care centers visited. A center, which charges a tuition of $15/week ($750 per year) collects a maximum of $3,750 for five children. Clearly the staff member employed to care for five infants has to be paid less than that amount, and could never look forward to receiving more. As a result, young staff members of centers see little opportunity for advancement, and will probably not regard this as a lifetime career. Even in the better centers that were spending slightly more than $2,000 per year per child, the center director felt there was not enough money to provide all the services needed by the children and their parents, especially in the areas of nutrition, health, and social services.

(2) Policies and Procedures

None of the centers had effective, written policies on operations. The lack of written, well-thought-out policies affects operations in a number of ways. First, the training of new employees is lengthy and costly. Employees must depend on inconsistent, piecemeal information from other staff members. Second, the director is seldom free from routine supervision, whereas written policy would relieve the director of this task and allow her more time for program development. Since policy does exist in the minds of the directors, the benefits of written policy could be gained by a two step approach. First, make the director aware that written policy will help. Second, make the task simple by providing a Center Operations Policy format which only requires the director to write down what is now taking place. Pre-designed forms, topical outlines, sample policies and guidelines presented through a technical assistance training program, would have an excellent chance of success.

(3) Record Keeping

Most of the centers had some kinds of records for the children. But there is no consistency in record-keeping across the centers, and no way for evaluators to generalize about children from one center to another.

One center kept excellent records on child development, charting the children's progress on a variety of skills and socialization areas and reporting to parents on that basis.

At one center, the director said that she had been sent forms by the state to chart the development of the children. But she had received no guidance on filling out the forms and nobody had ever asked for them. She also keeps medical forms for her children.

There is a strong need for a consistent, meaningful, and easy record keeping system in Montgomery for all day care centers, so that children can be observed, their progress charted, and their needs met.

(4) Training and Staff Development

Formalized and organized pre-service and in-service staff training programs were lacking in the vast majority of all day care centers visited. One center did have written advice to staff members in the Teacher Talk section of their weekly program. Another center director had a good list of Points to Remember for teachers as part of her program material. She also described some attempts at staff training and role playing. At most centers, staff meetings are held, generally to discuss problems or the next day's work.

The absence of intensive staff training represents one of the greatest inadequacies of the centers. With the dedication shown by all staff observed, no doubt they would open new approaches to them. A great deal could be gained by instituting staff training programs to introduce staff members to the latest child development studies, theories, and techniques.

(5) Parental Involvement

Most centers maintain some contact with parents and meet with parents from time to time to discuss children's progress and problems. One center sent home a progress report to parents of 4-to-6-year-olds every six weeks and of 2 1/2-to-3-year-olds, every three months. But, except in a few cases, none appeared to actually involve parents in the day-by-day program of the center.

One large center has a parent club that meets regularly.

One of the parent clubs had made curtains for the center. Both worked to improve the centers and help the teachers. But, again, there was no direct involvement in the program.

It would be desirable at all centers to actually involve parents in the activities of the children, through meetings, take-home materials, and weekly reports. Without such involvement, and commitment on the part of parents, no program can be considered of maximum benefit to the children.

(6) Community Involvement

Community involvement was examined along two lines: first, in terms of an organized community relations program and, second, in terms of a network of social services in the community.

In general, an organize[illegible]mmunity relations program does not exist at the centers visited. It would be helpful to provide the centers with the technical assistance necessary to formalize better community involvement and relations.

Since many of the centers visited primarily served middle income children, the social services offered are minimal. Occasional referrals are made to community institutions. It is important for DPS to study whether or not an adequate social services network exists in those centers serving AFDC children.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

b. Program

(1) Staff-child ratio

All of the centers visited were in compliance with the licensing requirement regarding staff-child ratio (below the federal requirements). As mentioned earlier, however, these positions were occupied in many cases by untrained personnel.

(2) Environments

Both the indoor and outdoor environments appeared safe and free of hazards.

(3) Materials

The typical center had serious deficiencies both in the quantity, variety, and selectivity of materials for specific developmental levels. Books for children were woefully lacking in most centers.

All the centers had housekeeping corners. Other specialized areas -- math, reading, building, etc. were lacking. In many centers most materials were out of reach of the children and children had to ask for them. At four centers, children had access to the materials but the materials were not organized for easy, maximum, and orderly use.

II. SERVICES IN ALABAMA DAY-CARE CENTERS (Continued)

(4) Child care

In all the centers, staff seemed sincerely interested in, dedicated to, and affectionate with the children. However, in all except three, the children seemed highly regimented and forced to conform to the teachers' concept of "well-mannered" children. For example, the children sat at tables much of the time and were not given the freedom to determine activities according to their own interests. Little opportunity was given to the children to develop initiative and independence from constant adult guidance.

(5) Educational program

At every center the question was asked: "In what areas would you most like state help for your center?" The answer invariably was "programs for the children." The lack of an organized, goal-directed program for children at all age levels was probably the greatest deficiency of all centers visited. Even the most elaborate written program materials were inadequate. This program centers around structured group activities, with little opportunity for creativity and individual expression. As in the other centers, the children spend much of their time sitting as a group at tables, drawing letters or patterns the teachers have designed, or listlessly listening to records and mechanically making required hand motions to accompany the records. At the lower age levels there are no short or long-range objectives to be accomplished through a planned program. At the five-year-old level the objectives are strictly school-oriented, and children are given formal "lessons" in letters and numbers.

Such formal lessons for five-year-olds seems to be the pattern at all the centers except for a few.

One center had a more long-range plan of learning for its five-year-olds than did the other centers. The director of that center had bought a sequenced elementary program from a text book publishing company consisting of a series of books and related cards. Again, children were grouped in a classroom-like arrangement with no individually-paced or independent learning.

At all the centers, emphasis on program was at the four and five-year-old level. The director of one center did express a desire and need for program materials at the three-year-old level. But at that center and most of the others, the attitude seemed to be that there was little to be taught to children under three and that the most that could be expected of them was toilet-training, learning to nap at scheduled times, and learning to get along and share with each other.

There is a dire need at all the centers for planned programs that would encourage stimulation, growth, and development at all age levels.

c. Nutrition

All consultants reported positively about the nutritional programs. Parenthetically, none of the consultants were nutritionists. It may be of value to have a nutritionist do a longitudinal study of a sample of the meals and snacks in day care centers.

d. Health

The general impression about the quality of health care was that the centers are meeting the minimum state standards. Three consultants felt that five centers were not doing an adequate job of assessing health status of the children and providing preventative medical care.

One consultant wrote, "The center carries on a good health program, meeting all of the requirements set forth by the DPS in their standards. A full-time nurse serves the four centers including this one. Periodic check-ups on the children's health and a good record is kept of their health progress. Problems are referred to community agencies including the County Health Department and the

Mental Hygiene Clinic. Children with psychological and other problems are tested by a full-time Psychometrist and referred for appropriate treatment. Staff is provided with check lists to help them detect health problems as they might arise. There is an occasional visit by a dentist. It is clear that a serious effort is being made to establish a good health program and that the staff is aware of the importance of this activity."

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES

A. Introduction

The Alabama Family Day-Care Home Study was designed to examine the quality of family day care homes in regard to their program, nutrition, and health components.

The Alabama Department of Pensions and Securities (DPS) provided a listing of licensed day care homes in every county of the state. The counties that had no day care homes were excluded from the population to be sampled. In the list provided, the counties were arranged alphabetically but the names of the operators of the homes appeared randomly. This listing was taken as the total population and a ten percent sample was selected from the listing as it was compiled by DPS. The first case was chosen by taking a random number between one and ten, which was eight, and thereafter every tenth home was included in the sample. This procedure resulted in a sample of 77 randomly selected day care homes from the 780 approved homes. In three cases the

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

inventories were not completed by the social worker and in one case the mother selected had no children in care, resulting in a final sample of 73 family day care homes.

In the 73 homes selected, 487 children were receiving care. Table 1 presents the number of children at each age level.

Table 1

CHILDREN RECEIVING FAMILY HOME CARE ACCORDING TO AGE*

Ages		Number
1 year olds		108
2 year olds		126
3 year olds		85
4 year olds		65
5 year olds		47
6 year olds		21
over 6 years		35
	Total:	487

* Based on reports from 73 day care homes

The Alabama Family Day Care Home Inventory was developed

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

jointly by UEC and consultants from DPS. The items selected were designed to measure the quality of three components of care---program, nutrition, and health. In the case of nutrition and health, state experts were consulted on the adequacy of the items. A copy of the final inventory and instructions for administration appear in the Appendix.

The sample was selected by Dr. Donald McGlamory, Chairman of the Sociology Department, University of Alabama at Birmingham.

The county supervisors of the day care units were trained in the purposes and administration of the inventory. These supervisors, in turn, trained social workers on their staff to administer the inventories. These social workers were selected to gather the data for this study because of their intimate knowledge of the family day care homes they supervise.

The data were analyzed by Miss Lynne Schwartz of UEC. The study was written by a UEC team composed of Dr. Ronald Parker, Miss Lynn Schwartz, Mrs. Virginia Sibbison, and Mr. Martin Tombari.

The DPS staff, particularly Miss Louise Pittman, Mrs. Norma Manush and Mrs. Margaret Jourdan, aided in the design of the study and provided valuable constructive criticism throughout the project.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

B. Program Planning

In order to discern whether the homes afford programs of enrichment that enhance the children educationally and developmentally, the respondents were asked, "Do you have a planned program of educational or developmental activities for the children that requires advance thought and preparation?" Of the 73 replies, 14 were affirmative and 59 were negative. For those who responded affirmatively, it was assumed that the mothers were stating both that they had a planned program and that this program was educational and/or developmental in nature. However, it appears that the mothers were placing more emphasis on the concept of "planned" rather than the substantive considerations involved in a developmental program. This becomes evident through an analysis of the examples of planned programs presented by the respondents in a subsequent question.

Looking first at the examples of those responding to having a planned program, only four indicated that any type of educational instruction is afforded the children. In one case, singing, rhyming, alphabetizing, counting, and working with colors and shapes were mentioned. In another home, the children participated in learning ABC's and numbers, and the listening to and discussion of stories. A third mother mentioned songs and counting. The only example given by the fourth mother was "We say the ABC's before the morning snack."

Of the 14 affirmative responses, only three mentioned instructional materials from which the child could derive an educational, creative, or developmental experience. These materials included storybooks, blocks, water, fingerpaints, and materials for coloring.

Of the remaining seven examples, the following two dealt with social development: (1) "Play in groups outside in order to teach children how to play with each other and get along."; (2) "The four younger children spend most of their time playing and I try to help them learn more about how to get along with one another." It should be noted that these two responses were the only ones out of the total of 73 that mentioned a concerted effort in the area of social development.

Three mothers cited as examples of a planned program that they provided toys for the children. One respondent described putting "the baby on a pad to crawl" as a planned activity. Finally, children were taken on field trips: "Throughout the year they attend plays at the school such as 'Rip Van Winkle' by the New York Traveling Playhouse, and will go visit National sites such as Natural Bridge."

1. Daily Schedule

It appears that there was some confusion as to what was meant by the term "planned." This is indicated clearly in the case of one mother who stated "yes" she had a planned program but gave for her example, "no particular plan." Therefore, in order to ascertain whether there was other evidence of educational and developmental activities, regardless of being "planned" or not, an analysis was made of responses to the question, "Describe how the day is typically spent. For example, what do the children really do when they arrive? What happens in the rest of the morning and in the afternoon?" Appendix A shows a frequency count of the activities mentioned by each respondent while describing the typical day in her home. At the left end of the continuum are the more custodial activities such as eating, caretaking (including toilet, handwashing, hair combing) and naps. On the other hand, the right-hand columns record the mention of activities that would enhance developmental capabilities and potentialities of the children in the home. These activities were recorded as "instruction" or as the employment of "instructional materials." Of course, it cannot be stated conclusively that if these developmental concerns are not mentioned as a part of the daily scheduling they do not exist. However, it seems that if these concerns were in integral part of the operation of the home, these activities would be highlighted. If we look again at the 14 affirmative responses we can see an alteration of the profile. First, of the three homes that stated that they have instructional materials available, only one mentioned the time alloted for use of these materials by the children. It may well be that these materials are used during time set aside for "free play." However, it seems significant that in only one of the 14 cases that alluded to a planned program of educational and developmental activities, specific mention was made of instructional materials in the daily schedule. Only two of the four homes that had stated they provided instructional sessions to the children included these activities in their daily schedule.

On the other hand, some of the 59 who responded negatively to having a planned program gave evidence to educational and developmental activities in their schedule. One case is exemplary in the fact that the scheduling indicates two work periods of rhymes, songs, number fun, worksheets, coloring, painting and stories. Three other homes mentioned time alloted for numbers, exercising, learning skills such as shoe tying, alphabet, rhymes. There were also three other homes that listed story time and subsequent discussion. A total of six out of 59 homes

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

included the time the children made use of instructional or creative materials. The following materials were employed either singly or in some combination in the homes: puzzles, blocks, books, colored paper and scrap material for art projects, crayons and coloring books, and play dough.

If we round out the totals of homes mentioning instruction or instructional materials, the evidence is rather limited. Only nine of the 73 employ instructional materials, and two of these apparently did not find these materials significant enough to mention as part of the daily scheduling. Furthermore, only 12 of the 73 homes provided any form of developmental activities and again two homes did not include this as an integral part of the proceedings in the home.

2. Social Workers' Comments

In order to cover all possibilities that would directly or indirectly indicate the role of educational and developmental activities in the homes, the comments of the consultants were coded and analyzed. Since the consultants were not asked to comment specifically on the status of educational or developmental programming, their comments were spontaneous. For the 14 affirmative respondents, there were eight consultant comments.

Three of these were related to the planning and the organizing of educational activities and/or materials. In only one case did the consultant spontaneously support the mother's claim of a program of educational and developmental activities in stating that the mother "showed an exceptional talent for identifying children's emotional and educational needs and helping them to satisfy these needs." However, in the other two cases, the social workers indicated that both mothers needed additional help in understanding general child development and more specifically in learning to organize and plan activities to help promote children's developing language, social, and motor skills.

There were 40 social workers' comments for the 46 homes that did not have a planned program or any type of instruction and/or instructional materials in their daily schedule. Fifty percent of their comments specifically pertained to the need for systematic planning of educational and developmental programs. Two facts should be seen here as highly significant ones: (1) that 50% of the consultants responded to a need for the planning of educational and developmental activities; and (2) that in only one case did they indicate that there in fact were these activities, planned or not, despite a lack of evidence to the contrary. In this one case, the social workers also indicated that there are two work periods and stated the home is the best in the county.

With the exception of the aforementioned two mothers who allot time each day for "classroom" were avidly praised by the social worker, there is no evidence of consistent attempts to prepare in advance a program of educationally and developmentally sound activities. Further, if we hold constant the issue of deliberate and consistent planning, we must also conclude that there is little emphasis on educational and developmental activities planned or otherwise.

3. Daily Activities

The most critical question to be raised, therefore, is what are the most prominent activities occurring in family day care homes in Alabama today? The consultants' comments and observations provide insight into this matter. For example, in one home, the children were said to "receive surprisingly good care and seem happy, in spite of the lack of play equipment and systematic planning." In another, the "mother affords good physical care even though the children do not benefit from planned educational activity they appear to be happy, active, and well-behaved." One home "leaves much to be desired in terms of planned program yet it serves as an instance of security..." This picture of care, which is at best a conscientious attempt to provide in a loving, warm manner for the physical and more immediate needs of the child, is supported in Appendix A. One should recall that the left hand columns deal with these physical needs. In general, it can be stated that the schedules fit a framework with a foundation that centers on the meals, snacks, and nap time of the children.

It should be noted that the over-emphasis of custodial activities drastically illuminates the fact that little mention was made of activities developmental in character. The most obvious example of this can be seen in the column entitled "caretaking." Thirty-nine percent of the homes specifically mentioned the times during the day when the children go to the toilet, wash their hands, comb their hair, etc. Furthermore, when the children were not eating or napping, they were either playing or watching T.V.

As stated earlier, although it is possible that the children were afforded the opportunity to use instructional materials during play time, this use was not directly specified. In fact, whereas play was mentioned on the average of three times a day

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

per home, in only one case was it referred to as "directed" indoor play and outdoor "directed" games. It should be noted that in the scheduling, most of the mothers specified the occurrence of both indoor and outdoor play. The former includes exercising to music and the making of various art "projects". Besides the information regarding play that was presented in the scheduling, there were also several close-ended questions dealing with this matter. Seventy-one out of 73 mothers reported that they take the children outdoors to play. In General, it was reported that a conscious effort is made to afford outdoor play when the weather permitted. The amount of outdoor play was further broken down into days per week and hours per day as illustrated in Table 2.

Table 2

BREAKDOWN OF OUTDOOR PLAY ACCORDING TO DAYS
PER WEEK AND HOURS PER DAY*

Number of Homes	Days per Week	Number of Homes	Hours per Day
0	1	8	1
1	2	12	2
13	3	22	3
1	4	27	4
66	5	2	5
1	6	1	6

*Based on 72 homes reporting.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

The mothers were also questioned as to whether they take children on trips to town. These trips occur in only 35% of the homes.

Appendix A reveals that television, along with play, was a highly prevalent activity mentioned in the daily scheduling. In a little under 60% of the homes, T.V. watching was reported at least one time during the day. Further, in nine of these homes, T.V. watching occurred up to three times a day. Some respondents may have included T.V. watching as part of free play, and thus the occurrence of T.V. as a part of daily scheduling may be more frequent.

The prevalence of T.V. time and the quality of the T.V. that is watched is examined in several of the close-ended questions. Of the 70 mothers who reportedly have T.V.'s in their home, almost 70% stated that the children do not watch Sesame Street, a program designed to enhance the cognitive development of children. Of the remaining 30%, two-thirds of the homes allow the children to watch more than two hours a week of this series, while in the remaining one-third of the homes the children watch less than two hours a week. Additionally, the children in 90% of the homes with T.V.'s reportedly watch non-Sesame Street T.V. More specifically, 70% of these children watch non-Sesame Street television more than two hours a week. It should be noted that of the remaining 10% who reported that the children did not watch non-Sesame Street television, there is no way of determining whether the children in these homes did not watch any T.V., or whether they only watched Sesame Street television.

In only 5% of the cases was listening or exercising to music mentioned as a part of the daily schedule. Further, evidence supports the fact that whereas almost 99% of the homes have radios, only 50% use the radio for the children. On the other hand, of the 54 homes which have a phonograph, 65% make use of the instrument for the children. In 50% of these cases the phonograph is employed more than two hours a week, while in the remaining half it is used less than two hours per week. Lastly, it is reported that only 20 homes have tape recorders, and further, that only four make use of this during the day.

4. Summary

In summary, there is virtually no advanced thought and preparation of a child development program in the typical family day care home. Further, in only a few cases did there appear to be any planning, educational or otherwise.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

In only 21% of the homes were attempts made to provide educational instruction and/or materials for the children. This is a very liberal estimate since this percentage includes the large number of activities or materials that have been evidenced in this section to only slightly approach being educational or developmental in nature.

The most critical concerns in these homes appear to be essentially based on the physical needs and care of the children. Further, with the exception of eating, napping, and caretaking, the majority of the time is spent in non-directed free-play and non Sesame Street television.

C. Language Development

Given this picture of family day care home functioning, the role of the individual child and how his specific needs are met within this system must be examined. The respondents were asked the following question: "We are concerned with how different family day care mothers meet the needs of individual children. Please give me a specific example of how your home meets the needs of a particular child in the area of language development." The ways in which needs of individual children are identified and met were analyzed within the framework of two important concerns. First, by focusing the mother's attention on language development, the responses would provide insight into what techniques are being used to help the child developmentally. Second, the responses could be analyzed to determine the degree to which the mothers were utilizing sound principles to promote language development.

Interestingly, only 39 of the responses dealt with the individual child. Instead, 31 discussed various aspects of language development as it applied to the group of children in their care. Whereas a few of the mothers clearly stated that they had no "real" language problems on an individual basis and then proceeded to discuss their methods of enhancing language in general, the majority seemed to miss the point of the question entirely. Of the remaining three cases, one mother stated she had no problems; another said the child in her care was six months old and thus "too small" to need any help with language, and the last offered no example.

1. Language Development Needs

First, we observe in Table 3 the nature and frequencies of the identified individual needs in language development.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

Table 3

PERCEIVED INDIVIDUAL LANGUAGE DEVELOPMENT NEEDS

Type of Language Development Need	Frequency of Occurrence
Problems with pronunciation	8
Beginning talkers	7
Non-talkers (normal children who should already be talking)	6
Mumblers and pointers	4
Unclear speech	4
Slow learners	2
Stutterers	2
Increasing vocabulary	2
Incorrect grammar	1
No problems	3

2. Responses to Needs

If we observe the methods by which the homes deal with language development problems (mispronunciation, non-talkers, slow learners, unclear speakers, stutterers, using incorrect grammar) it appears the solutions are immediate to the occurrence of the problem and not founded on an organized appraoch to language development. For example, in all seven cases of mispronunciation and four of the unclear speech, the mothers merely correct the mispronounced word and have the child repeat it correctly after her. In none of these cases is there an indication of follow-up or special help as an on-going process. The ways in which the mothers approach the problem of a non-talking child are interesting. In two cases there was an indication that the mothers "spend extra time" or "pay special attention" to these children; however, unfortunately, there was no description of the nature of the time spent. One method used for two of these children was to use a system of rewards to encourage speech. That is, if the child could correctly ask for something he was allowed to have it. This method of encouraging speech through rewards was also highly prevalent in cases of the mumbling and pointing. Again, it is noted that whereas the mothers may be increasing a desired behavior through a series of reinforcements, they are merely dealing with the symptom of the problem without any evidence of how a particular problem relates to the broader area of language development.

The other identified needs were those of individual children learning to speak in the normal developmental course. It is evident that mothers do take time with these children and encourage speech through the processes of labeling and repetition and that of reading with an emphasis on new words in relation to the pictures involved. However, again we find that these well-intended efforts are not indicative of a comprehensive program of language development. This is most blatant in the cases of each of the two well-intended mothers who reported that the child in their care did not have any language difficulties, and thus, they merely had to "talk" to them to enhance language development.

As stated, a large number of mothers did not gear their responses to the needs of the individual child. Fortunately, this turned out to be of value when attempting to isolate existing practice educational or developmental in nature. That is, it is in these examples in which the mothers spontaneously reported their practices to enhance language development that one should find evidence of a comprehensive approach to language development if it exists at all. Table 4 shows the general areas in which these efforts are concentrated.

Table 4

GENERAL APPROACHES TO LANGUAGE DEVELOPMENT*

Type of Focus	Frequency of Occurrence
Increasing ability and opportunity to communicate	16
Teaching good manners (please, thank you, no bad language)	6
Facilitating the learning of language	4
Increasing vocabulary	4
Improving pronunciation	2
Proper grammar	1

* Based on 73 homes reporting

3. Quality of Responses

Within these categories, an evaluation can be made of the quality of the methods employed to enhance these various aspects of language development. With the exception of a small minority of the cases, one again finds very inadequate practices due to the absence of a comprehensive knowledge of language development. For example, this is evident when the mother acted upon the child without encouraging or requiring participation. In one case, the mother specifically stated, "I mostly pick up the child and play with her and talk to her. Never put special emphasis on talking back." Another said that just by using the "best language" around the children, she was enhancing language development. Another group of mothers seemed to think that language development was synonomous with good manners -- please and thank you and also with not using profanity. Finally, in two cases the mother felt T.V. watching was the most satisfactory way to enhance language skills.

As stated, there were a small minority of examples of specific efforts being made in the area of language and communicative skills. It is observed that some of these reflect an understanding of educational principles.

These examples ranged from pointing out and labelling objects (one case mentioned the emphasis on color and number relationships), to the use of phonetic sets (1) and picture and language series (2). However, even in these cases, the scope of language development is limited and the practices do not indicate a comprehensive approach.

In summary, fragments of good practice to individualize and facilitate language development exist in some homes; however, even taken as a whole, there does not seem to be an understanding of the features of an individualized comprehensive language development program.

D. Socialization

This section will analyze two critical aspects of socialization: (1) which behaviors are controlled and encouraged by the governing rules of the home? and (2) which systems of reward and punishment manage these behaviors?

1. Rules

Table 5 presents the three types of rules used in the homes: (1) those which facilitate a smooth running home, (2) those which enhance group interaction, and (3) those which encourage individual development within the system. All three types of rules are of great importance in a quality day care home. An examination of the degree of emphasis of each type of rule could provide some insights about the homes.

Table 5

RULES GOVERNING CHILDREN'S BEHAVIOR IN THE HOMES *

Categories of Rules	Frequency of Occurrence
CHILD'S DEVELOPMENT	
Moral and Character Development	
Positive	
(1) take turns, share	10
(2) must talk courteously	3
(3) apologize if child fights with another child	2
(4) behave and do what told	6
(5) obey the "Golden Rule"	2
(6) must clean up after themselves	5
(7) practice self-control	1
(8) learn to be independent	1
(9) honesty	1
Prohibitions	
(1) no profanity	5
(2) boys and girls cannot go into bathroom at the same time	1
(3) don't touch or damage specific property in the home	12
(4) no bathroom by themselves	1
(5) no teasing	1
(6) no crying	1
Hygiene and Health	
(1) washes hands before meals	2
(2) taste everything on plate	1
(3) drink all of the milk	1
(4) clean and neat	1

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

Table 5 (Continued)

CATEGORIES OF RULES	FREQUENCY OF OCCURRENCE
SAFETY	
Care of Self	
(1) no playing in street or front yard	15
(2) can't go outside without supervision	4
(3) infants cannot carry bottles around	1
(4) no playing in bathroom	1
(5) don't touch dangerous things around the house	21
(6) don't run around too much or play rough	7
Care of Others	
(1) must hurt each other (bite, fight)	2
(2) boys must be gentle with girls and younger children	1
ADMINISTRATIVE ROUTINE	
General	
(1) sit quietly while watching T.V.	1
(2) must only play in designated areas of the home	7
(3) cannot bring toys from home	1
(4) no candy unless mother brings it	1
Specific to Time and Place	
(1) must say blessing before meals	2
(2) must report injuries	1
(3) wait for others before eating	2
(4) stay on cot during nap time	3
(5) mustn't eat all over house	1
(6) stay seated until through eating	1

* Based on 73 homes reporting.

First, the majority of the rules fall into the first category. Included are those which protect both the physical property of the home and the physical safety of the child, those which enforce the obedience of the children and those which establish routines such as during meal time and nap time. Next in prevalence are those which deal with peer group interaction such as taking turns, sharing, no fighting, encouraging older children to help younger ones, etc. For the third category, out of a total of 129 "important" rules, one stated that children should learn to be "independent". If we add those rules which stated children "should practice self-control" and "should be honest", we see that there is almost no emphasis on individual development. Further, it is important to note that these rules were reported by the same home.

This imbalance reflects the traditional child rearing philosophy that as long as (1) there are no accidents, (2) the children are playing well together, and (3) the children are quiet and well-behaved, the needs of the children, the mother (teacher) and system (day care home) will be met.

It is not to say that this philosophy or these concerns are invalid; rather that they are inadequate. What is necessary is a greater emphasis on the development of the child within the framework of a well-run home. It is alarming that only the rules of one home involve concerns specific to the development needs of the children. That is, these rules were the only rules which required internalization and hence change within the child rather than solely an adherance to requirements to a specific situation.

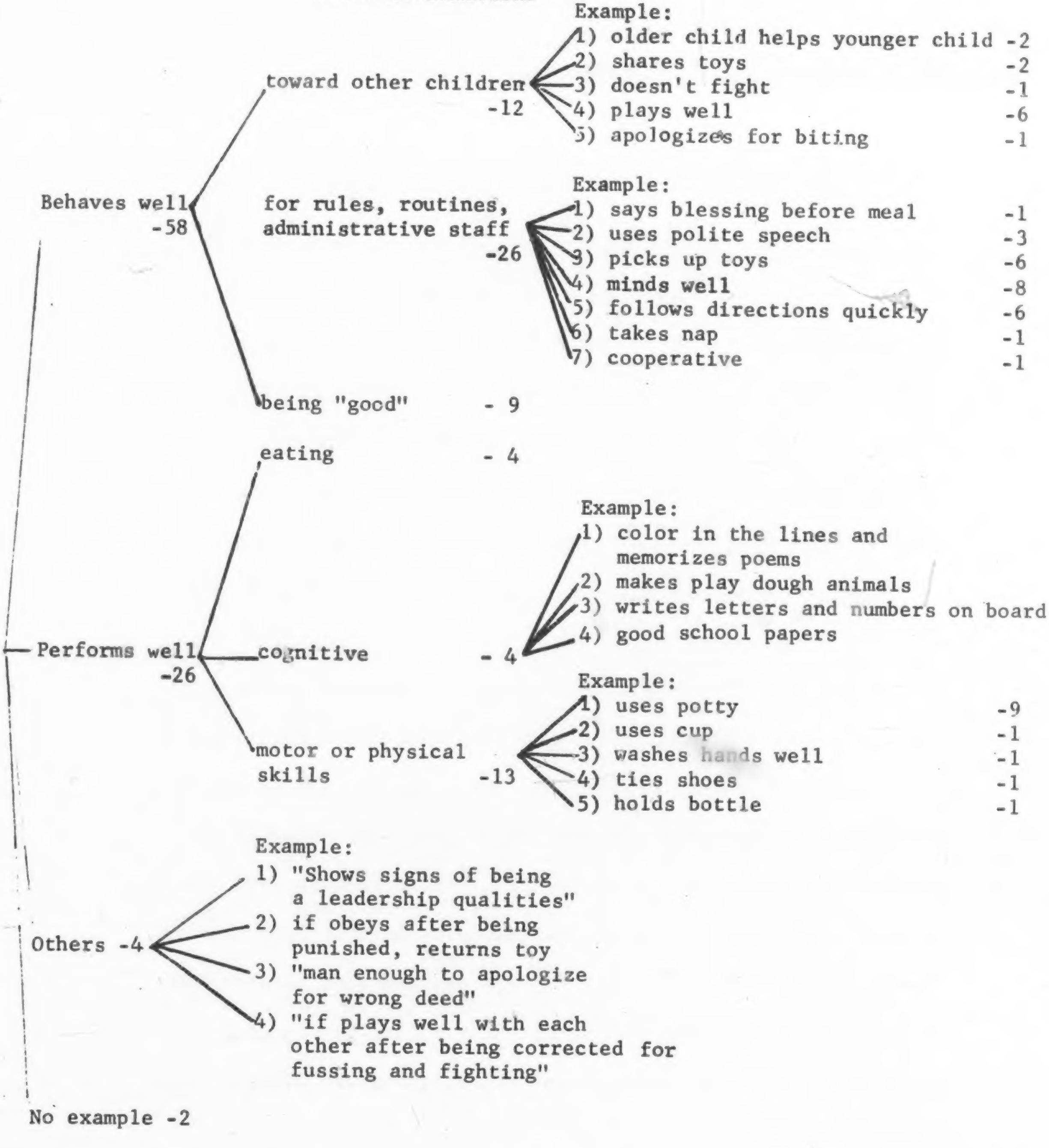
III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

2. Rewarded Behaviors

There is little emphasis on behaviors which are developmental in nature and this is illustrated further by analyzing which behaviors are rewarded in the homes. It is observed in Figure I which presents the behaviors for which rewards are administered that there are over two times as many instances of approval being given for a child who "behaves well" than there are for a child who"performs well". More specifically, when we look at the latter category, it is evident that with the exception of four cases in the cognitive area, "performances" eliciting approval are not reflective of a well directed attempt to enhance the child developmentally. For example, nine examples dealt with children being rewarded merely for eating, or sitting quietly at the table. We are not questioning that the mothers should be concerned with the fact that the children should eat; rather, that it is emphasized while other critical areas are not even mentioned. In the same view, we see that of the 13 rewarded performances in the motor or physical development area, nine were for using the potty. Likewise, in one instance children are rewarded for "washing hands well". As stated, only four homes reported approval for performing well in the cognitive area. All these facts support earlier evidence that growth across all areas of development is not a major concern in the homes.

Figure I

REWARDED BEHAVIORS *


Behaves well -58
toward other children -12
Example:
1) older child helps younger child -2
2) shares toys -2
3) doesn't fight -1
4) plays well -6
5) apologizes for biting -1
for rules, routines, administrative staff -26
Example:
1) says blessing before meal -1
2) uses polite speech -3
3) picks up toys -6
4) minds well -8
5) follows directions quickly -6
6) takes nap -1
7) cooperative -1
being "good" - 9
Performs well -26
eating - 4
cognitive - 4
Example:
1) color in the lines and memorizes poems
2) makes play dough animals
3) writes letters and numbers on board
4) good school papers
motor or physical skills -13
Example:
1) uses potty -9
2) uses cup -1
3) washes hands well -1
4) ties shoes -1
5) holds bottle -1
Others -4
Example:
1) "Shows signs of being a leadership qualities"
2) if obeys after being punished, returns toy
3) "man enough to apologize for wrong deed"
4) "if plays well with each other after being corrected for fussing and fighting"
No example -2

* Based on 73 homes reporting.

3. Punished Behaviors

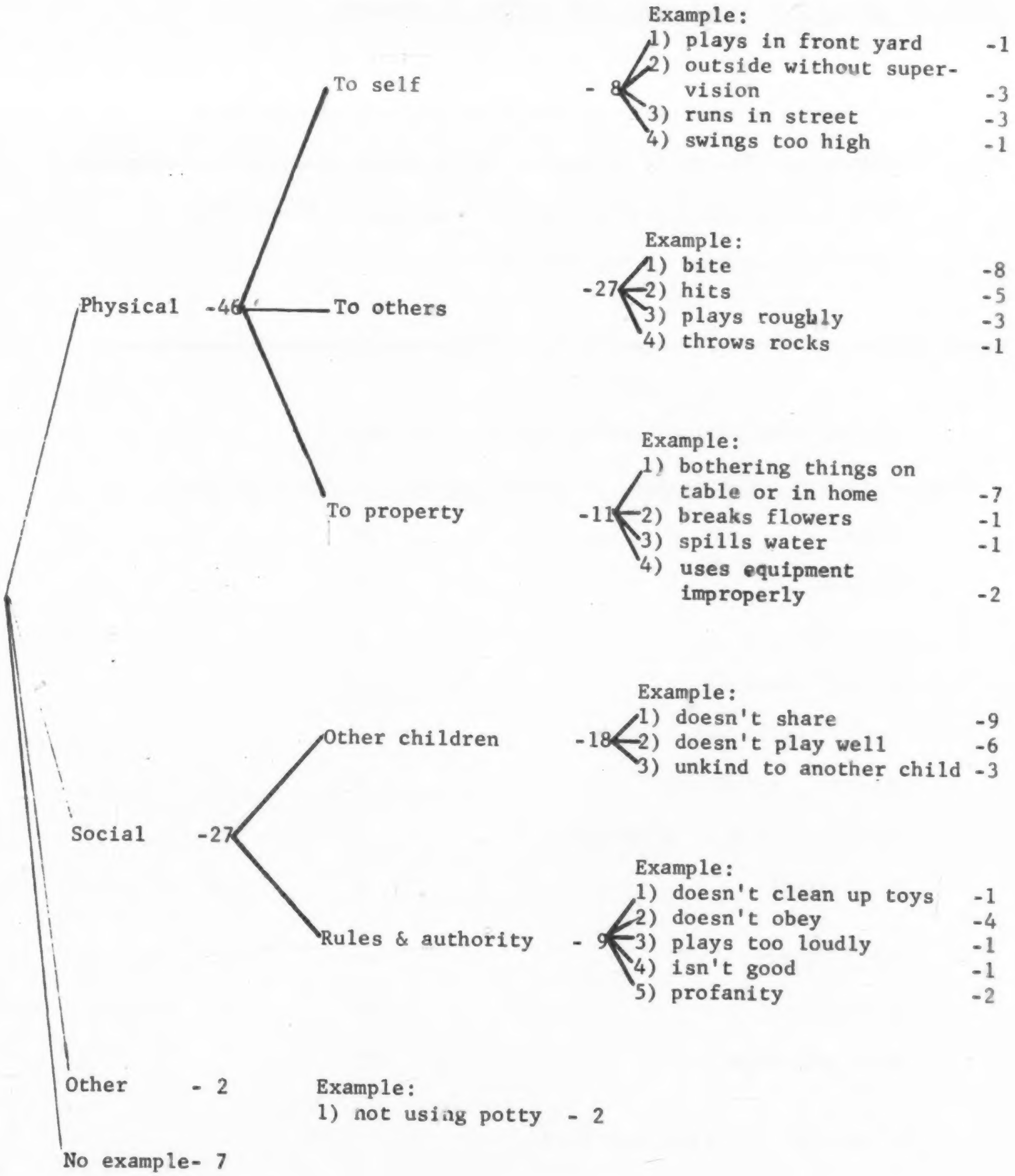
The behaviors eliciting disapproval further emphasize the major concerns and philosophy of these homes. We reiterate that whereas all of these concerns are critical to successful functioning of quality day care, they only represent a foundation. Figure II which presents the behaviors for which punishment is administered indicates that the most prevalent concern is that children do not inflict harm to themselves, to one another, or to the property of the mother. Considerably less disapproval, 24%, was dispensed for problems in the social area. This is consistent with the fact that only 15% of reported behaviors which are rewarded dealt with social interaction among children. The concern that the children play well together and do not hurt each other is important but this focus overlooks the more important consideration of constructive social exchange and interactions which are critical in social development. This may be due to the fact the inventory did not provoke such information as well as to the fact that concern for social development stops short when children are not fighting and are playing well together.

4. Type of Rewards

So far we have looked at the behaviors which are sources for rewards and punishments. The next critical aspects to be

Figure II

PUNISHED BEHAVIORS *



- Physical -46
  - To self - 8
    - Example:
    - 1) plays in front yard -1
    - 2) outside without supervision -3
    - 3) runs in street -3
    - 4) swings too high -1
  - To others -27
    - Example:
    - 1) bite -8
    - 2) hits -5
    - 3) plays roughly -3
    - 4) throws rocks -1
  - To property -11
    - Example:
    - 1) bothering things on table or in home -7
    - 2) breaks flowers -1
    - 3) spills water -1
    - 4) uses equipment improperly -2
- Social -27
  - Other children -18
    - Example:
    - 1) doesn't share -9
    - 2) doesn't play well -6
    - 3) unkind to another child -3
  - Rules & authority - 9
    - Example:
    - 1) doesn't clean up toys -1
    - 2) doesn't obey -4
    - 3) plays too loudly -1
    - 4) isn't good -1
    - 5) profanity -2
- Other - 2
  - Example:
  - 1) not using potty - 2
- No example- 7

* Based on 73 homes reporting.

considered are the ways in which the mothers manage these behaviors. Taking first the manner in which rewards are dispensed, Table 6 presents the breakdown of responses to "what types of reward is employed in your home?"

Table 6

REWARD COMBINATIONS ADMINISTERED IN THE HOME *

Type of Reward Combinations	Frequency of Occurrence in Homes
Social	34
Material	6
Privilege	8
Social, material	11
Social, privilege	2
Material, privilege	9
Social, material, privilege	2
No rewards	2
SOCIAL TOTAL	49
MATERIAL TOTAL	28
PRIVILEGE TOTAL	21

* Based on 73 homes reporting.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

It is noted that social rewards, either administered alone or in conjunction with another form of reward, compose 50% of the total responses. It appears that there was some confusion on the part of a minority of the respondents as to the meaning of social rewards. That is, the social category was designed to include verbal praise and physical demonstration. However, instead of indicating the category "social", well over half separately mentioned the use of verbal praise. Further, a small group specifically indicated that they gave hugs and kisses.

The material rewards most frequently indicated were special treats such as cookies, candy, and extra deserts. A few homes mentioned toys, and one responded that "money" was employed as a reward. In general, privilege was either a special event such as a ball game or a special responsibility around the house such as supervising play equipment or serving refreshments.

Unfortunately, it was impossible to analyze all of the recorded frequencies of the various types of rewards since the unit of time was not always reported. However, it is possible to make certain generalizations from the data. It appears that social rewards occur "all day", "every day", within the routine of the home. On the other hand, privileges are given for going beyond the "expected" and occur more on a weekly basis for individual children and even a monthly basis for the group. The frequency of material rewards seem to fall somewhere in between. In some cases, material is used as frequently as social rewards and for the same reasons. However, in others it is a reward in line with privilege for being "extra good".

5. Type of Punishment

The last issue to be considered in this section is that of the punishment practices employed by the mother. Table 7 presents the frequencies for the three types of punishment -- verbal, withdrawal, and physical.

Table 7

PUNISHMENT COMBINATIONS ADMINISTERED IN THE HOMES *

Type of Punishment Combinations	Frequency of Occurrence in Homes
Verbal	5
Withdrawal	14
Physical	1
Verbal, withdrawal	19
Verbal, physical	12
Withdrawal, physical	8
Verbal, withdrawal, physical	12
No Punishment	2
VERBAL TOTAL	48
WITHDRAWAL TOTAL	53
PHYSICAL TOTAL	33

* Based on 73 homes reporting.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

It is significant that 46% of the homes use physical punishment. However, certain qualifications should be made. First, only one home used physical punishment exclusively. Second, in the majority of cases, the mothers specifically emphasized that punishment was used as a last resort and only after one or both of the other forms had been employed. For example, "spankings are used only when their misdeed continues and they won't listen to verbal commands."

As with the responses to the frequencies of rewards, it was impossible to accurately quantify the frequencies of punishment. However, it is noteworthy that a large portion of mothers employing physical punishment specifically stated that it is used "rarely", "seldom", "not often", "occasionally". Furthermore, many mothers qualified the type of physical punishment they employed. In general, it was indicated that it was "light", "not too hard", "just on hand or seat". In only a few cases was there mention of a "ruler", a "belt", a "hickory" or a small paddle. The last qualifications on physical punishment appear to be that employment depends on the children's age, and sometimes on the permission of the child's own mother. It is interesting to note that the only two examples of "whippings" were by two mothers on their own children in the homes. They were careful to point out that other forms of punishment were used on the rest of the children. Further, in only a few cases did the mothers specify that a child had a particular behavior pattern which she was eliminating through punishment.

As indicated in Table 7 withdrawal is the most frequently used method of punishment. It should be noted that the questionnaire did not distinguish between withdrawal of the disruptive child from the group and the withdrawal of either privilege or material object from the child.

Therefore, no specification of the differential withdrawal techniques is possible.

E. Nutritional Development

Information on the nutritional element of day care home service was obtained from the following three types of sources: (1) closed-ended questions, providing data on the frequencies with which meals and snacks are served, the types of food and food patterns provided, and the planning of menus; (2) open-ended questions, allowing the respondent to describe a typical day's meals and snacks and to identify the additional help needed in the area of nutrition; and (3) comments about the adequacy of the nutritional care which were spontaneously recorded by the consultants.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

1. Frequency of Meals and Snacks

As can be seen in Table 8, the large majority of the children receive two snacks with either one or two meals. Nutritional needs suggest to us that the provision of two snacks in these predominantly full-day care homes is not only appreciated by the children but is also of beneficial value in their energy, health, and growth.

Table 8

FREQUENCY OF HOMES SERVING VARIOUS MEAL AND SNACK COMBINATIONS*

	Number of Meals:			
Number of Snacks:	0	1	2	3
0	0	0	1	0
1	1	9	11	1
2	0	21	23	3
3	0	0	1	1

* Based on 73 homes reporting.

2. Quality of Meals and Snacks

Having determined that approximately two-thirds of the children are receiving the desired two snacks a day, attention was turned to the quality of snacks offered in the homes. Several types of liquids and foods were mentioned, and they can be categorized as to theri degree of nutritional value as seen in Table 9.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

Table 9

BREAKDOWN OF SNACKS ACCORDING TO NUTRITIONAL VALUE *

High Nutritional Value	Medium Nutritional Value	Low Nutritional Value
Fruit - 18	Cookies - 40	Kool Aid - 3
Milk - 31	Crackers - 13	Soda - 3
Juice - 28	Jello - 3	Chips - 4
Peanut Butter - 6	Cereal - 1	Sherbert - 1
Meat - 3	Bread - 3	Candy - 3
Peanuts - 1	Cake & Pie - 2	Tea - 1
Ice Cream - 7		
Raisins - 1		
Cheese - 1		

* Based on 71 homes reporting snack periods.

It is interesting to note that in 59 (83%) of the 71 reported snack periods, either milk or juice was served to the children. Other liquids mentioned were kool-aid, soda, tea, and water. Unfortunately, the food snacks given the children fall into the "high nutritional" category only 37 (33%) times, compared with the "medium nutritional" and "low nutritional" categories, numbering 77 occurrences. Snacks in the "medium nutritional category" constitute 62 occurrences, while those in the low nutrition constitute 15 occurrences. It is obvious that the snacks given the children conform more closely to the concept of "treats" such as candy, cookies, potato chips, crackers, etc. than to the established requirements of good nutritional care.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

Respondents indicate that 42 of the homes provide breakfast for the day care children. Most include milk (37), cereal (35), bread (30), and meat (27). Fewer than half mentioned fruit (20) or eggs (19).

In examining the important noon meal, the presence of the five basic food types -- meat, milk, fruit, vegetables, and bread -- were examined. Analysis of the daily serving and snack provided the following information: (1) twenty-two (30%) of the homes provide all five of the basic nutrients over the course of the day; and (2) Only seven (10%) of the homes provide all five of the basic foods at the noon meal. At best, these figures indicate that only 29 (39%) of the participating 73 homes provide these fundamental elements of good nutritional care. That leaves 60% of the children being cared for with inadequate daily food care from the homes.

Since it is obvious that the daily noon meals being served are not conforming to established nutritional norms, it may be helpful to examine the frequency in Table 10 that different types of food are served during the noon meal. Respondents were asked to describe the noon meal which was served on the day of the interview.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

Table 10

FOODS SERVED DURING THE NOON MEAL *

Types of Food	Frequency of Occurrence
Meat (meat substitutes)	58
Milk	48
Vegetables	41
Bread	30
Potatoes	21
Cookies, cake	19
Fruit	17
Soup	14
Crackers	8
Tea	7
Jello	6
Ice Cream	6
Baby food	5
Rice	4
Potato chips	3
Juice	3
Kool-Aid	3
Pudding	3
Applesauce	1
Coke	1

* Based on reported noon meals in 71 day care homes.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

While the frequency counts for milk (48) and meat (58) look substantial, nevertheless, 33% of the children have no milk at noon and 20% have neither meat nor a meat substitute. Further, in six homes neither meat nor milk were served in the noon meal on the day of the interview. The provision of vegetables (minus potatoes) reaches fewer than 60% while fruit reaches the fewest (only approximately 23%). These figures must be moderated even further by the fact that we do not have specific information on the details of the responses. That is, while 58 respondents indicate that they serve meat with the noon meal,a large number of them do not specify the type of meat served. Vegetables reflect another analysis problem in that respondents frequently did not specify whether they were discussing leafy, green, or yellow vegetables. Fruit presented a similar problem in differentiating the citrus fruits from others.

The combinations in which these foods were served tended to fall along the following "pattern": (1) The most prevalent combination was milk, meat, vegetables, and bread (17); (2) As mentioned previously, the "ideal" combination occurred in only seven cases; and, (3) No other combination of the wide variety of foods mentioned occurred with a frequency of more than three times. The very wide dispersion of food types and food combinations suggest that criteria other than nutritional adequacy are involved in planning the needs.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

3. Nutritional Planning

These findings are further supported by the responses to inquiries about who plans the nutritional aspects of the meals and how long in advance the menus are planned and written up. In only three cases was a nutritional consultant involved in the planning. It could be argued that many of these women (perhaps all) have families of their own and are quite used to providing meals for children. Nevertheless, research has shown that the general public is not well informed about nutrition and the national nutritional level is well below what it should be for a country of our wealth and education. The number of days utilized for planning menus ranged from zero (55 of the respondents) to three of more days (14 of the respondents). Again, the large number who do not preplan on a written basis may be reflective of the random food selection previously mentioned. It is possible that the other end of the range (14) is more an adjustment to the demands of grocery shopping than it is to extensive pre-planning.

The data presented so far indicates that the basic food requirements essential to the growth and health of all people, particularly children, are not being met.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

4. Needed Assistance

We do not have sufficient information to identify the causes for this situation. While the variables of economics and education obviously play important roles in determining the food choices made by individuals, we cannot specify the degree to which each has contributed to this condition. An indirect measure of attitude and education was obtained within the responses to the following open-ended question: "The department is interested in helping you better in the areas of health and nutrition (food selection and preparation). What additional help do you need in health for yourself or the children?"

The large majority of our respondents indicated "None" (57 of the 73 replying). Some of these comments ranged from the general opinion that they serve good and nutritious meals to some specifics that because they serve certain types of foods such as vegetables and fruit (no mention of meat) they fulfill a child's requirement. Others mentioned that they already received enough suggestions from DPS newsletters and/or caseworkers. One mentioned that her meals were definitely more nutritious than those meals served in the child's own home. Many responses indicate that many of these women are unaware

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

of their own needs in the area of nutrition. Their unawareness of their situation is further illustrated by the following three findings:

(1) Consultants visiting the homes included "comments" on their reports; these comments were spontaneously recorded and ranged over all areas covered in the questionnaire. Of their comments, nine refer to the area of food quality and service. (Nine represents almost 20% of the total 48 comments.)

(2) With one exception which praised the nutrition care ("...gives very nutritious meals..."), the comments indicated the consultants' concerns with inadequate food quality.

(3) Of the eight consultant comments on the poor, inadequate food, only two of the survey respondents indicated in the above-mentioned open-ended questions that they would appreciate help. The remaining six most clearly and even emphatically stated that they had no need of help or information.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

These data suggest further evidence of the general unawareness of the inadequacy of the nutritional care being provided. Even in the cases where the nutrition lacks are sufficiently glaring to evoke spontaneous comments from the consultants, the majority of our respondents do not acknowledge their difficulties.

It is alarming in situations where nutritional needs are being so inadequately met that only 16% are aware of a deficiency or problem in this area. More specifically, 12 mothers requested help in the shopping for and preparing of nutritious meals. Included in this group were those mothers having difficulty balancing meals for children of varying ages simultaneously. Two requests were for more money for food as well as food stamps. One would appreciate books on nutrition, and the last needed help with the children while cooking.

It can be seen that we had three basic types of respondents: (1) those who had identified nutritional inadequacies (by the consultants) but did not acknowledge them, (2) those who may or may not have poor nutritional services, but who neither were identified as problematic by the consultants nor requested help for themselves, (3) those who were not identified as being problematic, but who requested information and/or help. Again, it is important to note that there were only two cases where the respondent was identified as problematic and also requested help and information.

E. Health Development

The probability is very high that the nutritional needs of a typical child in an Alabama family day care home are not being adequately met. The likelihood of illness becomes more prevalent in such circumstances and thus it is critical to evaluate both the precautions taken to guard against illness as well as those provisions available and employed when illness occurs. Three areas of health care will be reviewed: (1) diagnostic data, (2) immunization data, and (3) health resources.

1. Diagnostic Data

Table 11 provides clear evidence that the children do not receive the basic health assessments which are usually considered to be standard for all youngsters. It can be seen that the highest frequency of diagnostic testing occurs in the tuberculin case; however, even with this particular examination,

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

75% of the children remain untested. Even the most routine tests, namely blood and urine, have only been conducted on less than 15% of the children. Additionally, a little over 90% of the children are left untested for vision and almost 92% have not been tested for hearing or speech. Since developmental progress is dependent on normal functioning in these areas, it is particularly alarming that little effort is being made to diagnose and treat potential problems in their early stages. According to state medical experts, lead poisoning is currently not a problem among the poor in Alabama, therefore, it is understandable why no children have received this diagnosis.

Table 11
CHILDREN RECEIVING DIAGNOSTIC TESTS *

Diagnostic Test	Number in Sample Receiving Tests	Percent of Total Sample (487)
Tuberculin Test	121	25%
Urine Test	74	15%
Blood Test	75	15%
Vision Test	54	11%
Hearing Test	46	9%
Speech Test	40	8%
Lead Poison Test	0	0

* Based on 73 homes reporting.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

2. Immunization Data

Information about immunizations against the usual childhood diseases is presented in Table 12.

Table 12

CHILDREN RECEIVING IMMUNIZATIONS *

Disease	Number in Sample Receiving Immunization	Percent of Total Sample(487)
Polio	175	37%
Diphtheria	180	38%
Measles	165	34%
Rubella	134	28%
Tetanus	150	31%

* Based on 73 homes reporting.

A cautionary note is required in order to accurately interpret the immunization data. These figures may underestimate the number of immunizations received by the children due to the method of record keeping in the homes. More specifically, several of the consultants pointed out the DPS-22 medical form does not require the examining doctor to record the specific immunizations given the child. Therefore, it is possible that the child has been inoculated but the mother is unaware. Ignorance of the status of the children's immunizations by the

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

surrogate mother is considered an administrative error which should be corrected immediately.

This lack of awareness of health status is also evident in an open-ended question dealing with the surrogate mother's perceived needs in the area of health. Sixty-one of the respondents indicated that they did not need any help with the health aspects of care -- i.e., the absence of critical immunization data is not seen as a problem. When requests were made for aid, only four respondents indicated a desire to take the children to medical clinics if it could be arranged with the permission and approval of the children's parents. The other requests ranged from ways to encourage the children's mothers to deliver the children clean and appropriately dressed in the morning (3), techniques for good food budgeting (1), and booklets on health (1). Is is evident that none of these are reflective of a comprehensive program in the area of health care.

3. Health Resources

Table 13 summarizes the available health personnel known to the family day care mothers.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

Table 13

AVAILABILITY OF HEALTH SERVICES STAFF *

Personnel	Regular	Consultant	Referral Basis	Percentage of Homes With Available Personnel
Nurse	3	4	5	17%
Physician	2	10	15	37%
Mental Health Resources	2	0	2	6%
Dentist	3	1	5	13%
Parent	0	0	2	3%
Health	0	1	1	3%

*Based on 73 homes reporting.

It appears from the data that a very large number of homes do not have access to any type of health service. There are only ten homes with regular part-time aid; 16 homes with consultant staff; and 30 with referral accessibility to health staff. The figures in the far right column further illustrate this lack of health staff availability and/or use of such services. For example, it is seen that over 80% of the homes do not have access to nursing care and that over 60% do not have access to physicians' care.

It may be quite likely that the services are available and that the failure to use the services rests with the children's parents and not with the family home operator. For example, several respondents indicate that they were having difficulties getting parents to take the children for medical examinations. However, even if the health needs of the child in the family day care homes are the responsibility of the child's parents and not the day care mother's, it is nevertheless crucial that the homes have the knowledge of each child's health and, when needs are identified, the knowledge and resources to help the parents meet the needs of their children.

The inadequate health component can be understood better by noting that the state licensing standards for family day care homes require so little of the family day care homes as agents of a health delivery system. For example, besides a small pox vaccination, the only other immunization mentioned is diptheria; and this is only suggested not required by DPS. Even though diptheria is suggested in the standards, approximately 62% of the children have not been immunized against this disease (according to the family day care mothers).

These standards should be revised as soon as possible to increase and improve the health diagnosis, immunization requirements, and the role of the family day care mother in the delivery of health services.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

This analysis of family day care homes indicates that the majority of cases do not approach quality day care in terms of program, nutrition, and health.

A. Training and Staff Development

Lack of sufficient training for the mothers seems to be the major cause of this critical situation. Official policy of DPS dictates that at least four yearly visits be made to these homes, and that if necessary, these visits become more frequent. It is confusing, therefore, that 39% of the cases claimed to receive "no training" whatsoever, and further, an additional 27% do not mention these visits as a part of training. On one hand, there is indication that these visits are not being made at regular intervals. At the time of the interview, 34% reported that five months or more had elapsed since the last DPS social worker's visit. On the other hand, it appears that even when the visits are being made regularly, they do not have a "lasting" impact on helping the mothers run their day care home.

Observation of the 24 cases which mentioned visits by the "day care worker" or the "social worker" gives a picture of what this training usually involves. In the majority of cases, the consultants were said to supply newsletters dealing with nutrition, discipline, play, parents, art, and creative activities. Several respondents mentioned menus and suggestions for meal planning. A few respondents did specifically indicate that the consultants offered ideas in verbal discussions on sciences, "learning under six", songs, games, and toys to make. It is also interesting that only 6% of the respondents felt the booklet on state minimum standards was a part of their "training".

In looking at the other types of training recorded it appears that 22% of the respondents considered that experience with their own children or as a "nannie" for someone else's children was sufficient training for her role as day care home mother. A few respondents mentioned workshops, including only one who indicated a four hour course in food handling and preparation either as their sole source of training or in conjunction with visits from the DPS consultants. Of the remaining mothers, one had a college degree in elementary education, four had worked either in day care centers or Sunday school, and two indicated that their training consisted of reading books and articles on children.

Further, it seems evident that the objectives of training are neither well-defined or specific to critical areas of development.

Apparently, the mothers did not expect more from training nor were they provided with more than the generalities of "how to be a good day care mother", "what children can and cannot do", "the right ideas about child care", or "how to entertain and give good care". In only three cases did the mothers specify that the objective of training was to gain knowledge of nutrition or health.

What this lack of sufficient training seems to have created is a situation where the vast majority of family day care mothers are warm and responsive people who love children and are interested in serving the community but who are incapable at this time of providing quality day care at all levels, including meeting the physical needs through adequate health and nutrition. It has been noted at many points in this evaluation that a large majority of the mothers themselves are not even aware that what they are doing is not sufficiently meeting the developmental needs of the children in their care. Specifically, the mothers seemed unaware of the fact that their methods of health care and nutritional planning were unsatisfactory.

B. Perceived Needs

The responses to "what are other problems that you have in running your day care homes?" and "what kind of additional help do you need?" will be analyzed in order to support further the case that one of the most critical, yet also the most easily rectified problems, is the mother's unawareness of her shortcomings. Seventy-two percent reported that they had no problems, and 74% reported that they needed and/or wanted no additional help. Of the problems mentioned, most dealt with conflicts with the parents over a variety of issues; such as not taking the children to the doctor, not picking them up on time, and sending the children to the home dirty. It is noteworthy that in one case, the mother was aware that the children were not being fed well at home; and that in three others, the children were not being disciplined at home. In the latter cases, the mothers specifically stated that this was the reason her disciplining was undermined. Of the other problems, three dealt specifically with the children, including a slow learner, a user of profanity and a poor eater. A few respondents desired more children, more play equipment, transportation to take the children on outings, and more food stamps.

Of all requests for additional help, only three asked for guidance in planning activities and daily schedule, including "games which would be educational and helpful" and "resources and materials for educational activities". Only two others reflected developmental concerns other than the physical, by requesting information on infant care. More were concerned with the pragmatics such as money for food, food stamps, outdoor play equipment and transportation. Only two respondents responded that they were open to "any and all suggestions".

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

I. Summary

The purpose of the Alabama Family Day Care Home Study was to examine the quality of family day care homes in regard to their program, nutrition and health components. A ten percent random sample of homes licensed by The Department of Pensions and Security was selected for study. In the 73 homes selected, 487 children were receiving care. The Alabama Family Day Care Inventory was developed jointly by UEC and consultants from The Department of Pensions and Security and was designed to measure the quality of three components of care -- program, nutrition, and health.

It is relatively easy to summarize the results in this study because a consistent picture has emerged of the family day care home:

A. Program

Two important conclusions were drawn in regard to the component of family day care homes. First, there is virtually no advanced thought and preparation of a child development program in the typical family day care home. In fact, in only a few cases did there appear to be any planning, educational or otherwise. Second, there is little emphasis on educational and developmental activities whether they be planned or unplanned. In only 21% of the homes were attempts made to provide educational and/or materials for the children. Instead, the typical day centers around the meals, snacks, and nap time of the children. Furthermore, when the children were not eating or napping, they were either involved in free-play and non Sesame Street television.

2. Language Development

The language development needs of the children are not assessed in any systematic manner. The needs that are identified are global and are met by short-term strategies which have limited face validity and no empirical validity. Thus, in general, there does not appear to be an understanding in the homes of the features of an individualized comprehensive language program based on sound psycholinguistic principles.

3. Socialization

Two critical aspects of socialization are considered: a) which behaviors are controlled and encouraged by the rules of the home? and b) which systems of reward and punishment manage these behaviors?

The rules for operating the homes center around a) those which facilitate a smooth running home, b) those which enhance group interaction, and c) those which encourage individual development in the home. The rules or guidelines for operating the homes place a disproportionate amount of concern on administrative routines and far less concern on the promotion of individual development.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

An examination of the use of rewards in the home shows a lack of sophistication in using rewards to modify behavior and a poor focus on which behavior to modify.

The use of punishment in the homes was principally focused on behavior control and little evidence emerged that the caregivers understood the underlying principles of behavior modification.

In general, the concern with socialization reflect the traditional child rearing philosophy that as long as 1) there are no accidents, 2) the children are playing well together, and 3) the children are quiet and well behaved, the needs of the children are being met. All of these concerns are valid and critical; however, they are inadequate for successful functioning of quality day care.

4. Nutritional Development

One of the most important findings of the study was to discover an inadequate nutrition program. At best, only 39% of the homes provide during each day the five fundamental elements of good nutritional care (meat, milk, fruit, vegetables, and bread). Further, snacks given the children conform more closely to the concepts of "treats" such as candy and cookies than to the established requirements necessary for the growth and health of young children. The data also suggests a general unawareness on the part of the surrogate mothers regarding the inadequacy of the nutritional care.

III. SERVICES IN ALABAMA FAMILY DAY-CARE HOMES (Continued)

5. Health Development

Health needs of the children are not being adequately diagnosed and assessed nor are they receiving the necessary immunizations. Further, the family day care home mothers make little use of community health resources. The standards should be changed to improve the health status of these children as soon as possible. Thus, it is crucial that the homes have the knowledge of each child's health status, and when needs are identified, the knowledge and resources to help the parents meet the health needs of their children.

6 . Evaluation

This analysis of family day homes indicates that the majority of cases do not approach quality day care in terms of program, nutrition, and health. Lack of sufficient training for the mothers seems to be the major cause of this critical situation, even though the vast majority of family day care mothers are warm and responsive people who love children and are interested in serving the community. These mothers, however, are incapable at this time of providing quality day care. This situation is compounded further in that the mothers themselves are not even aware that what they are doing is not sufficiently meeting the developmental needs of the children in their care.

In conclusion, there is an immediate need for staff training and for increased technical assistance to the family day care homes. A sophisticated technical assistance program should be mounted immediately to rectify these problems, and in doing so, raise the family day care homes to their fullest potential.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS

Before a successful comprehensive day-care program can be implemented, the planning agencies must have a thorough knowledge of the current status of existing day-care programs, parental need and desire for additional day-care services, and available community resources. The Department of Pensions and Security employed UEC to plan and execute an evaluation program which would, when coordinated with a similar program in the 35 Appalachian counties (hereafter referred to as north Alabama), supply the information needed to plan and implement a comprehensive day-care program. The Needs Study is one phase of the total evaluation program.

Since two major purposes of a comprehensive day-care program will be to enable those mothers who wish and need to work to do so and to provide enriched educational experiences for the state's preschool children, it is imperative that the Department of Pensions and Security (DPS) have a thorough knowledge not only of the current need for day-care services but also maternal employment as related to child-care problems. The report of the Needs Study provides DPS with an analysis of these needs.

This study not only provides extensive information on the need in the 32 non-Appalachian counties (hereafter referred to as South Alabama) for day-care services; it also presents detailed analyses of the extent to which child-care problems have interfered with employment by mothers, the various types of day-care programs needed, the services which parents need, the medical and dental needs of the preschool children, and parental evaluations of the importance of potential program features. Thus, this study provides a basis for development of a day-care program which will be designed to provide both the preschool children and their parents with the services they both desire and need.

The objective of the sample procedures was to provide a random but representative sample of the different counties stratified by the racial composition, total population, and size of communities. This objective was accomplished by obtaining information on the total population of each county, proportion of Black residents, and community size. The sample consisted of 1,000 homes with preschool children six years of age and younger and was selected on the basis of the above-defined criteria. (See Appendix D for county populations, racial composition of each county, county groupings, number of families per county with children under six, and a more detailed analysis of sample selection.)

The counties included in the study were allocated a quota of the sample in proportion to their total representation of families with children six years of age and younger. Within each county the sample was further divided according to the proportion of families residing in the rural or urban areas and according to racial composition. The sample distribution of counties, cities, rural areas, and racial quotas is presented in Appendix D.

Highway maps prepared by the State Department of Highways were used to draw area probability samples for each of the selected counties. Each county was divided into squares approximately six miles in each direction, which conformed to the regular divisions already assigned by the Highway Department. Each such section was assigned a number and one or more areas were drawn for the sample, depending upon the number of interviews to be conducted in the rural areas of the county. In every case, alternative areas were drawn to cover the possibility that the area designated did not contain sufficient families with preschool children six years of age and under. A table of random numbers was used to facilitate the selection of the areas and to insure that there was no bias in the sample. The sample distribution by family incomes was not a controlled factor in this study because there was no feasible manner, within the time and budgetary limitations, to obtain a precise county-by-county representation of income levels. The sample distribution by income levels is presented in Appendix D.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

The assessment of parental needs for day care was by administration of a modified version of the Parental Inventory developed for the University of Alabama at Birmingham (UAB) planning grant. The modified version will be hereafter referred to as the Alabama Parent Inventory. The Alabama Parent Inventory was administered to 1,000 randomly-selected parents with preschool children six years of age and younger. Representatives from UEC, DPS, and UAB cooperated in the modification of items and in the determination of items which were selected for inclusion in the Alabama Parent Inventory.

The inventory consisted of a cover sheet and 24 questions, many of which contained several parts. Information obtained on the coversheet included family names, residential location, educational background of family, ages of family members and occupations of family members. The questions were constructed to determine (1) the extent to which child-care problems interfere with employment, (2) the extent of parental need for day care, (3) the extent of differential needs for day care in relation to ages of children, (4) desired daily time periods of day care, (5) the desired components and functions of a day-care program, (6) day-care needs in relation to the socioeconomic status of family. (See Appendix A for Alabama Parent Inventory.)

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

In order to assess the reliability of data collected by the field research team, Robert Sanders re-administered 114 randomly chosen parent inventories. This represented 11.4% of the total sample population. The length of time between the initial interviews and re-interviews ranged from three days to two weeks. Sixty-seven of the re-interviews were obtained by telephone and 47 were obtained by visits to the interviewees' homes. Re-interviews by visitation were conducted for inventories which did not have telephones listed.

There was 96.5% agreement between initial interview and re-interview responses when comparisions were based on inventory questions, excluding family background information. Comparison of family background information responses (cover sheet) between the intial interview and re-interviews resulted in 98.7% agreement.

The high percentage agreements between initial interviews and re-interviews are indicative of the excellent quality and reliability of the data. In this regard, the data provide a sound basis for evaluating the need for day care and reflect the professional competency of the field research team, the expertise acquired by the interviewers during the training session, and the quality of the Alabama Parent Inventory.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

The sample was selected by Dr. Donald McGlamory, Chairman of the Sociology Department, University of Alabama at Birmingham.

The research team who conducted the survey consisted of 26 researchers who were chosen on the basis of educational background, experience, ability to relate to both middle- and low-income parents, recommendations, and evaluations of the UEC staff. Training sessions for the researchers were held in Montgomery and Mobile and were conducted by Dr. Ronald Parker, Lynne Schwartz, and Robert Sanders of UEC, and Dr. Don McGlamory, of UAB. The field research team received on-the-job supervision on a minimum basis of once weekly through telephone and personal contacts with Robert Sanders, who worked full-time in the supervisory role.

The data were analyzed by Dr. Constantine Stefanu of the University of Alabama in Birmingham Medical School.

The study was written by Dr. Ronald Parker and Mr. Robert Sanders of the UEC staff.

The DPS staff, particularly Miss Louis Pittman and Mrs. Margaret Jordan, provided valuable constructive criticism throughout the project.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

The Day-Care Needs Study has a data base of 1,000 parent interviews, selected in such a manner as to be representative of the parents in south Alabama who have preschool children. Whenever possible, the results of the study are presented in tables within the text and discussed in terms of percentages.

A. Child-Care Problems and Maternal Employment According to Family Incomes

1. Employed Mothers and Child-Care Problems

One of the purposes for providing child-care services would be to enable those mothers who need and wish to work to do so. Therefore, an analysis of the employment needs and child-care problems in relation to family income becomes a significant aspect of the Needs Study. Some important information concerning employment of mothers and child-care problems as related to family income is presented in Table 1.

Figure 1 illustrates the percentages of employed mothers who have experienced child-care problems, according to family income levels.

TABLE 1

MATERNAL EMPLOYMENT AND CHILD-CARE PROBLEMS RELATION TO ANNUAL FAMILY INCOMES

	Under $2,000		$2,000 - 3,900		$4,000 - 5,900		$6,000 - 7,900		$8,000- 9,000		$10,000 & Above		Refused to Give or Did Not Know		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Percent of Sample Mothers Employed During Past Year*	48.1	5.19	53.9	46.1	43.8	56.2	40.2	59.8	39.8	60.2	44.0	56.0	40.3	59.7	44.1	55.9
Percent of Employed Mothers Who Reported that Child-care Problems Interfered with Their Work**	63.2	36.8	50.0	50.0	50.0	50.0	36.8	63.2	45.3	54.7	41.2	58.8	34.5	65.5	45.4	54.6

*Based on 1,000 cases in Sample

**Based on 441 cases (Number of employed mothers)
14.8% of the working mothers discontinued their employment because of child-care problems
12.5% of the working mothers had many child-care problems but did not discontinue working,
while 18.1% of the working mothers had only a few problems

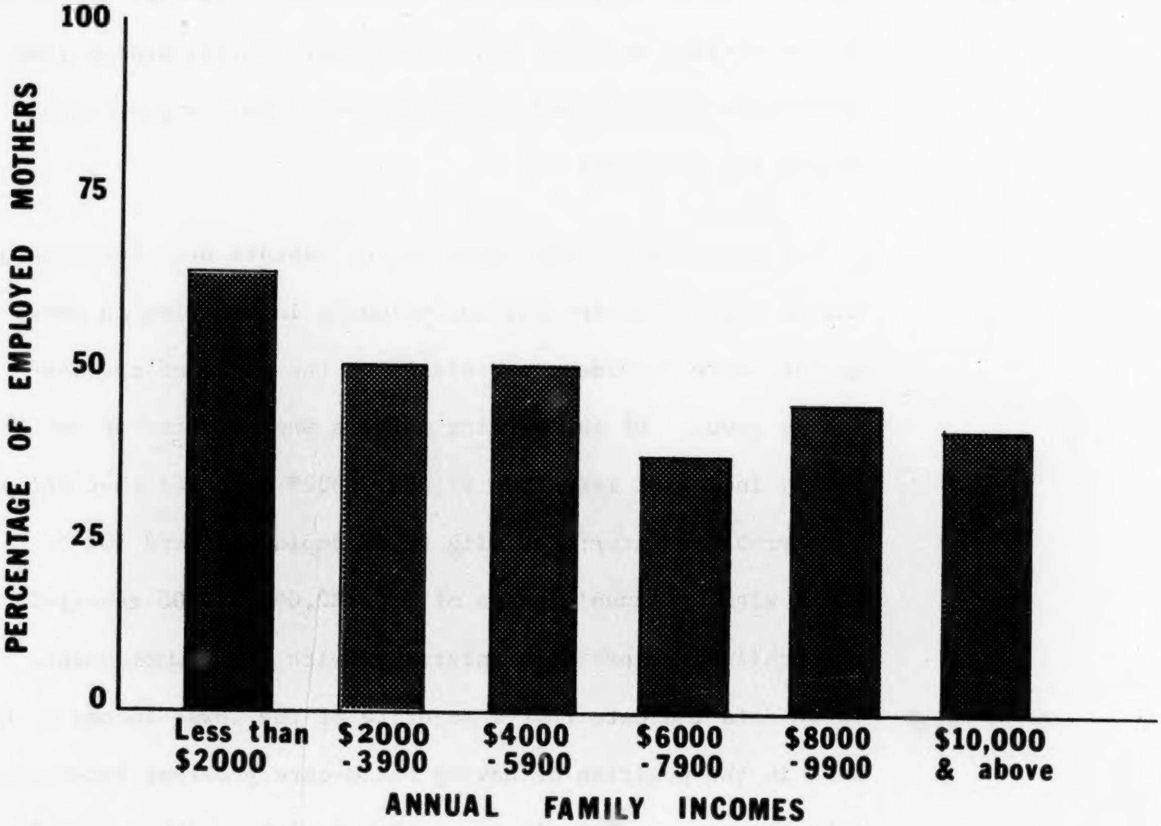


Fig. 1 Working mothers who reported that child-care problems interfered with employment

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

During the past year 44.1% of the mothers in the sample have been employed. Of those who have been employed during the past year, 54.6% have experienced no child-care problems. Of the working mothers, nearly one-half (45.4%) stated that child-care problems had interfered with their employment during the past year.

An analysis of employment and child-care problems according to family income provides valuable information on needs for day-care services, especially on the needs of the low-income group. Of the working mothers who reported an annual family income of less than $2,000, 63.2% reported that child-care problems interfered with their employment and 50% of those with an annual income of from $2,000-$4,000 reported that child-care problems interfered with their employment. These data indicate that a majority of the lower-income mothers were in the position of having child-care problems interfere with their current employment. For families with annual incomes above $10,000, 41.2% of the working mothers had experienced child-care problems. The limited funds and the lack of public day-care centers for their children pose major problems in child-care for the low-income working mothers.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

2. Unemployed Mothers and Child-Care Problems

Since more than one-half of the sample mothers have not been employed during the past year, it is important to know the extent to which child-care problems and job availability have interfered with the mothers' seeking employment (Table).

Figure 2 illustrates the percentages of employed mothers who cannot seek jobs because of child-care problems.

Child-care problems kept 23.4% of the non-working sample mothers from being employed, while 19.0% of those who sought employment could not find suitable jobs. Of the mothers who have not been employed during the past year, 43.6% said they would begin work immediately if child-care services and jobs were available; 32% would like to work when their children are a little older, while 24.4% of the mothers not employed during the past year were either undecided about future employment or did not wish to work at any time in the foreseeable future.

TABLE 2

REASONS FOR MOTHERS' UNEMPLOYMENT
AND PROBABLE EFFECTS OF CHILD-CARE SERVICES
ON THEIR FUTURE EMPLOYMENT IN RELATION
TO ANNUAL FAMILY INCOMES*

	Under $2,000	$2,000-3,900	$4,000-5,900	$6,000-7,900	$8,000-9,900	$10,000 & Above	Refused to Give or Did Not Know	**Totals
Percent of Unemployed Mothers for Whom Child-care Problems Made Employment Impossible	48.8	35.4	30.5	21.8	14.4	16.2	14.0	23.4
Percent of Unemployed Mothers For Whom Lack of Job Availability Made Employment Impossible	39.0	27.7	23.2	19.8	17.5	9.2	9.3	19.0
Percent of Unemployed Mothers Whose Unemployment Resulted From Other Reasons	12.2	36.9	46.3	58.4	68.1	74.6	76.7	57.6
Percent of Unemployed Mothers Who Desire to Work Now If Provided Child-care Services***	78.0	73.8	64.6	37.6	25.8	28.5	25.6	43.6

*Based on 559 cases (number of unemployed mothers)

**Because of unequal numbers of respondents in the various income groups, the total percentages are not computed by averaging the percentages in individual cells. Refer to numerical tabulations in Appendix C.

***32% of the non-working mothers would like to work when their children are a little older

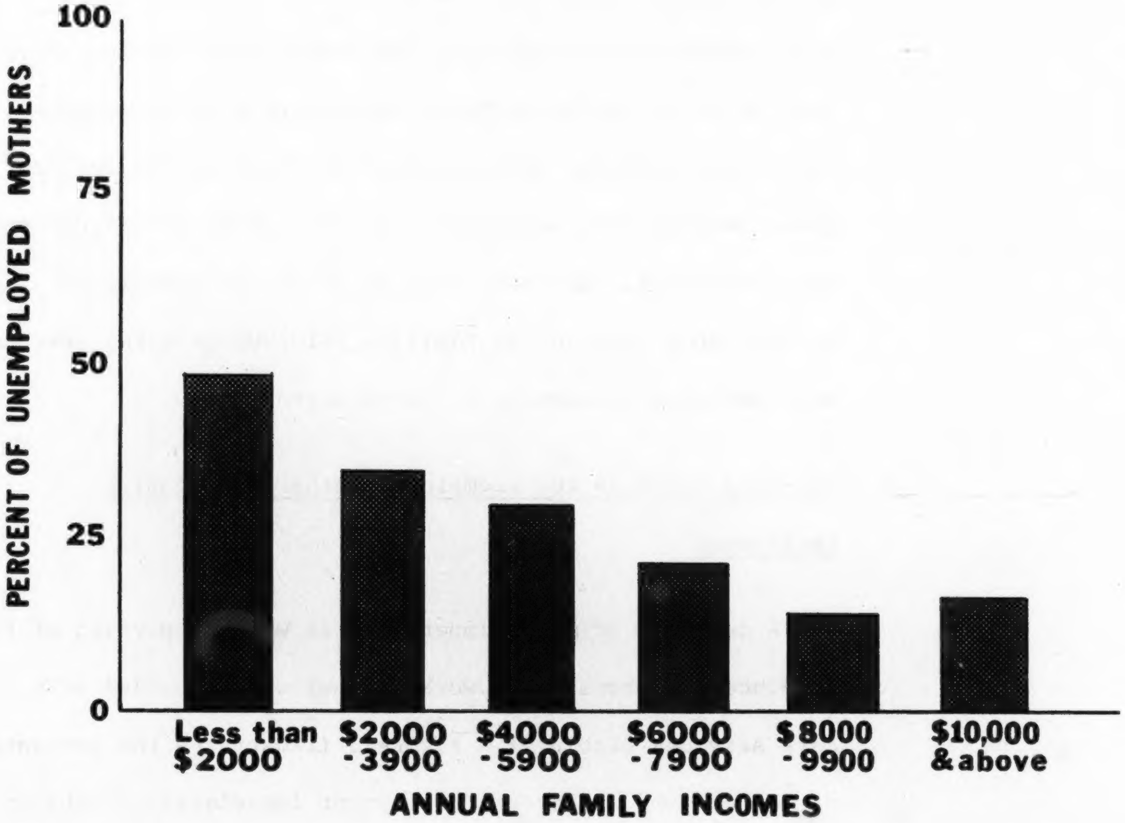


Fig. 2 Unemployed mothers needing child care in order to seek employment

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

An analysis of the reasons for the sample mothers not being employed indicated that the lower the family income the greater the percentage of mothers who have not been employed because of child-care problems. Of those families with annual incomes below $2,000, child-care problems have kept 48.8% of the non-working mothers from being employed. Child-care problems have resulted in 35.4% of the mothers from families with annual incomes of from $2,000-$4,000 not being employed. However, only 16.2% of the unemployed mothers from high-income families ($10,000 or more) have not been employed because of child-care problems.

3. Day-Care Services and Unemployed Mothers Who Desire Employment

A question of major importance is what proportion of the low-income mothers would work if they were provided with child-care services (Table 2). Figure 3 illustrates the percentages of mothers who would seek employment immediately if child-care services were provided.

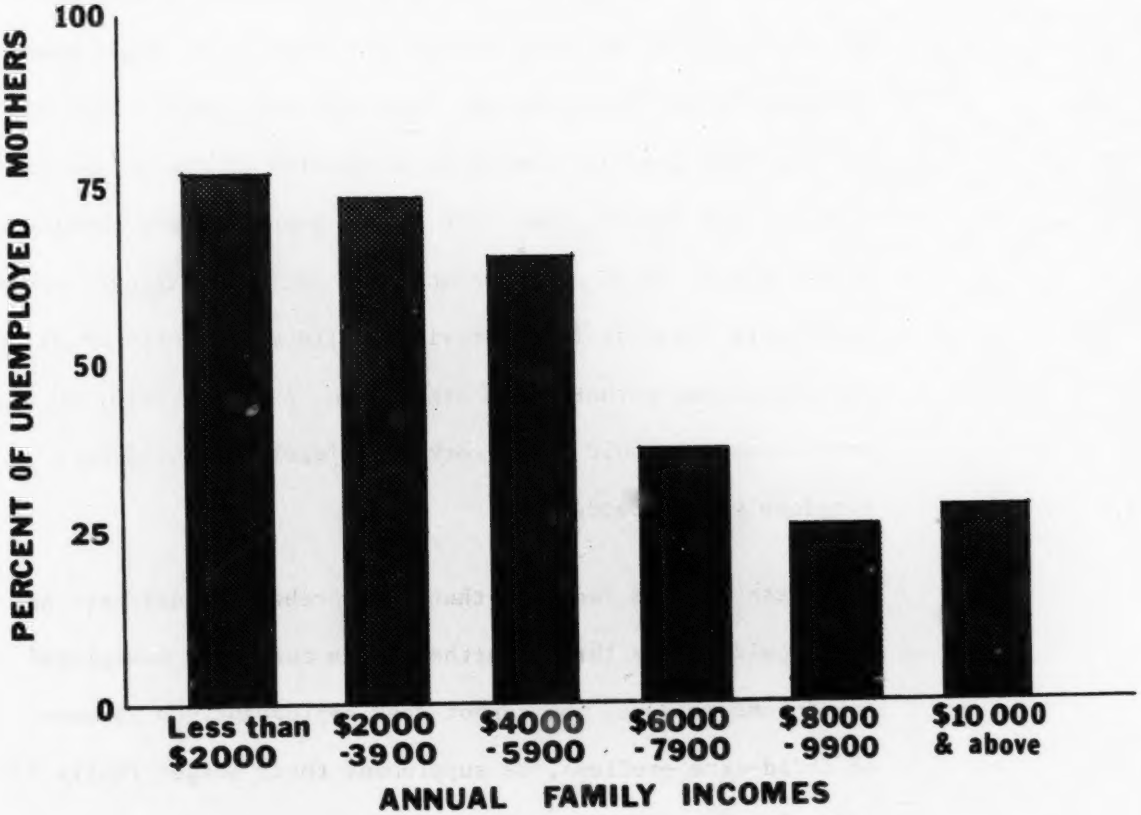


Fig. 3 Unemployed mothers who would seek immediate employment if provided child-care services

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Of the unemployed mothers from families with annual incomes of less than $2,000, 78.0% stated that they would begin work immediately if child-care services were provided, while 73.8% of those mothers from families with incomes of from $2,000 to $3,900 annually stated that they would begin work immediately if child-care services were available. When all mothers from families generally designated as low-income families in this report (less than $4,000 annually) are considered as one group, 75.5% of those who have not been employed would begin work immediately if provided child-care. Only 28.5% of the unemployed mothers from high-income families ($10,000 or more annually) would begin work immediately if child-care services were provided.

These results indicate that a comprehensive day-care program would enable three-fourths of the currently unemployed low-income mothers, who cannot seek employment now because of child-care problems, to supplement their meager family incomes by acquiring jobs, provided that suitable jobs were available.

The indications are (1) that child-care programs would result in many unemployed mothers seeking jobs, thus increasing the available work force and possibly raising the standard of living in a substantial number of Alabama households, (2) that as family income decreases, the percentage of mothers who would work if provided child-care services generally increases, thus indicating that those who would financially benefit the most from child-care services are the low-income families, those whose needs are the greatest.

B. Parental Needs for Day-Care Services

1. Needs of Total Sample

To adequately plan the scope of a comprehensive day-care program, the planning agencies must have a thorough knowledge of the current need for day-care services and the extent to which these needs are presently being met by existing programs. The need for day care is first discussed according to total sample, according to rural and urban Black and White respondents and then in relation to income ranges of respondents. The term rural refers to open country, villages, and towns with populations under 1,000.

Table 3 provides information on the percentages of urban and rural respondents who indicated a need for day care in relation to the age categories of their children. It is important to note that some respondents replied for only one age and some for both age categories (0-3 years and 3-6 years), depending on the ages of their children. Therefore, the total responses to need for child-care services exceeded 1,000.

TABLE 3

PERCENTAGE OF URBAN AND RURAL RESPONDENTS INDICATING NEED FOR DAY CARE IN RELATION TO AGES OF CHILDREN*

Needs	0 - 3 Years					3 - 6 Years					
	Urban		Rural			Urban		Rural			
	White	Black	White	Black	**Total (0-3)	White	Black	White	Black	**Total (3-6)	**Grand Total
Half-Day Care	30.4	27.1	33.1	29.0	30.3	38.5	24.8	34.2	25.6	33.5	32.0
Full-Day Care	36.9	62.0	40.5	62.9	45.8	38.8	69.6	46.2	67.9	49.5	47.8
No Day Care	32.7	10.9	26.4	8.1	23.9	22.8	5.6	19.6	6.4	17.0	20.2

*Based on 1,313 cases (If a respondent had children in both age categories, she responded to both age categories).

**Because of the unequal numbers of respondents in the urban-rural and Black-White groups, the total percentages are not computed by averaging the percentages in individual cells. Refer to numerical tabulations in Appendix C.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

A total of 79.8% of the respondents indicated a need for day care, while 20.2% indicated no need for additional services, the mothers either wanting their children to remain at home or having already secured day-care services for them. Of the total sample, 32.0% and 47.8% requested half-day and full-day services, respectively. Since the sample proportionally represents the relevant population characteristics of south Alabama, it can be used to project the population needs. The southern counties have 85,198 families with children six years of age and under; the sample data indicate that approximately 80% of these families (or 68,000 families) in south Alabama have a need for day-care services which they are not now receiving. Considering that an economical number of children per day-care center is 80, the number of day-care centers which are needed to meet the needs in south Alabama makes it imperative that Alabama immediately begin a long-range implementation program.

2. Needs According to Ages of Children

A need for day-care services for infants (0-3 years) was indicated by 76.1% of the respondents, with 23.9% indicating no need for services. A comparison of need in relation to hours services were requested indicates that 30.3% of the sample requested half-day care for infants, while 45.8% desired full-day care. The sample percentages of day-care requests for preschool (3-6 years) children were rather similar to those for infants, with 83% requesting services and 17% indicating no need for day care. Approximately 33% of the sample requested half-day care for preschool children from three to six years of age, while 49.5% requested full-day care.

These data indicate that day-care services are desired by a majority of mothers for both infants and preschool children. The mothers' requests for these two age groups differ by only seven percentage points, with the request for services for preschool children being greater. A majority of mothers needing day care wish full-day care services; this request ratio holds true for both infant and preschool children.

3. Needs According to Urban-Rural Populations and Racial Groups

As Table 3 indicates, rather similar proportions of rural and urban respondents requested day-care services. Similar percentages of urban and rural respondents requested full-day care; the percentages of rural and urban respondents who requested half-day care were also very similar. Of the total city respondents, 79.4% requested day-care services, while 81.7% of the rural respondents desired day-care services. Half-day care was requested by 32.1% of the urban respondents and by 31.8% of the rural respondents. Full-day care was requested by 46.5% of the urban respondents and 49.9% of the rural respondents.

Table 4 presents data on the percentages of urban and rural Black and White respondents who requested day care.

Perhaps the greatest difference in proportions of the sample requests for day care was between the two racial groups. Figure 4 illustrates the percentages of urban and rural Blacks and Whites who need additional day-care services.

Approximately 92% of all Black respondents requested day-care services, while 74.4% of the White respondents indicated a need for day care. Within the urban areas, 91.8% of the

TABLE 4

PERCENTAGE OF BLACK AND WHITE
URBAN AND RURAL RESPONDENTS
REQUESTING DAY CARE*

	Black			White		
	Urban	Rural	**Total Black	Urban	Rural	**Total White
Half-Day Care	26.0	27.1	26.4	34.8	33.7	34.4
Full-Day Care	65.8	65.7	65.7	37.9	43.5	40.0
No Day Care	8.2	7.2	7.9	27.3	22.8	25.6

*Based on 1,313 cases (If a respondent had children in both age categories, she responded to both age categories).

**Because of unequal numbers of urban and rural Black and White respondents, the total percentages cannot be computed by averaging the individual percentages. Numerical tabulations must be used. See Appendix C.

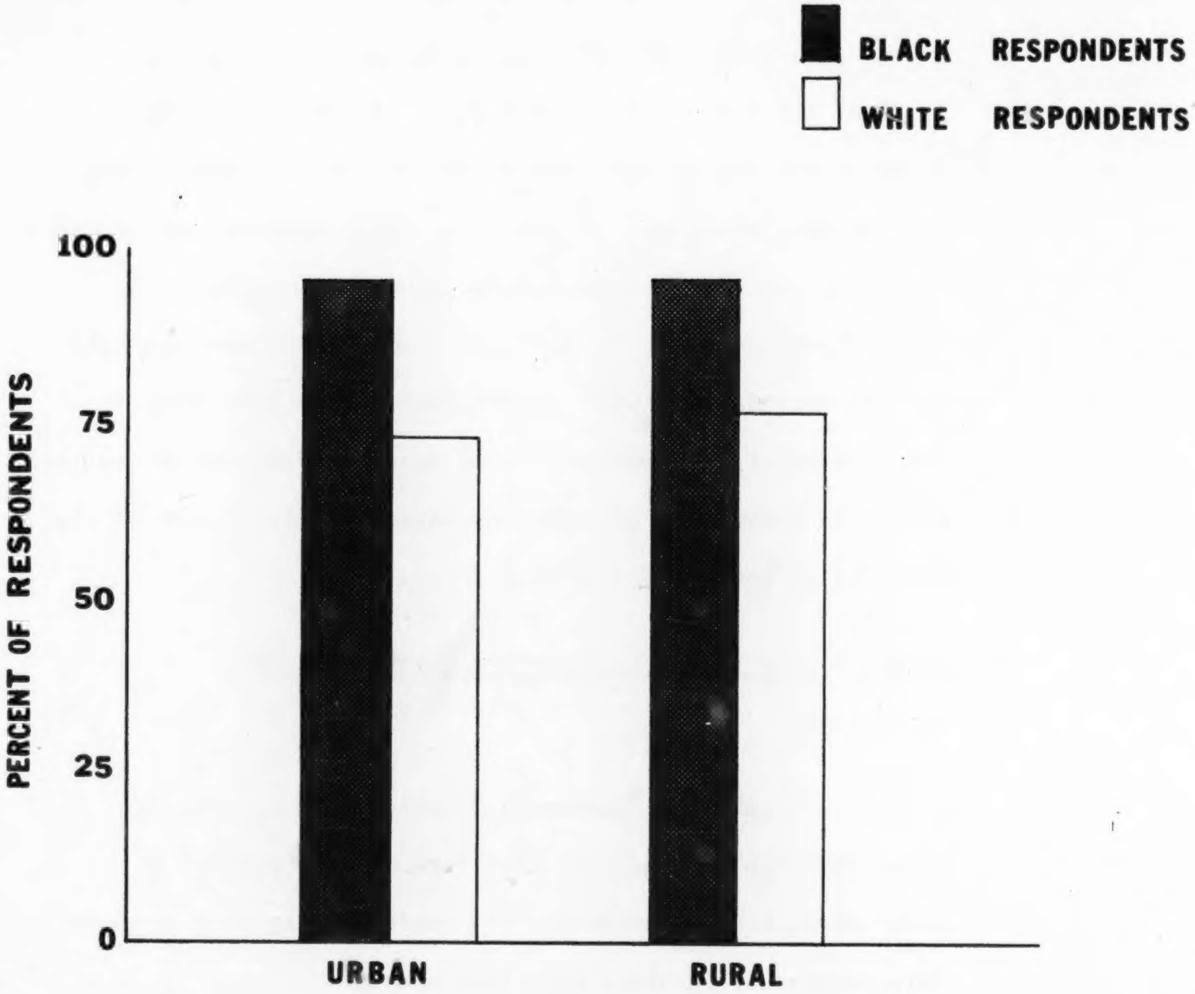


Fig. 4 Need for day-care services according to race and residence

Blacks indicated that they desired day-care services, and 72.7% of the Whites indicated a need. In the rural areas, 92.8% of the Blacks and 77.2% of the Whites indicated a need for day-care services. Of the total White respondents, 34.4% requested half-day care and 40.0% requested full-day care, while 26.4% and 65.7% of the Blacks indicated a need for half-day and full-day services, respectively. The indication is that the major differences in need occur between the two racial groups in their need for full-day care, with 25.7% more Blacks than Whites requesting full-day care.

4. Needs of Counties With Proportionally Large Urban Populations

Since Mobile and Montgomery Counties have urban populations over 100,000 and are, therefore, not comparable to other south Alabama counties, the needs for day-care services were analyzed separately for these counties.

a. Mobile County

Table 5 indicates the percentages of the Mobile County respondents who indicated a need for day care.

TABLE 5

PERCENT OF MOBILE COUNTY RESPONDENTS INDICATING A NEED FOR DAY-CARE SERVICES*

	0 - 3 Years				3 - 6 Years				
	Mobile	Rural	Other Cities	**Total (0-3)	Mobile	Rural	Other Cities	**Total (3-6)	**Grand Total
Half-Day Care	36.3	33.3	27.8	33.8	36.9	22.0	36.4	33.5	33.6
Full-Day Care	38.5	51.9	61.1	46.1	50.5	65.9	60.6	55.7	51.3
No Day Care	25.2	14.8	11.1	20.1	12.6	12.1	3.0	10.8	15.1

*Based on 339 cases (If a respondent had children in both age categories, she responded to both categories).

**Because of unequal numbers of respondents in the city and rural cells in relation to age categories, the total percentages are not computed by averaging the percentages in the individual cells. Refer to numerical tabulations in Appendix C.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Of the total Mobile County respondents, 84.9% indicated a need for day-care services, with 33.6% requesting half-day care and 51.3% requesting full-day care. For the responses relating to day-care need for infants, 79.9% requested day care, while 89.2% requested day-care services for preschool-age chidren. The major differences in the length of service per day in relation to age of children was concerning full-day care with 46.1% of the respondents indicating a need for full-day care for infant children and 55.7% requesting full-day care for preschool-age children. Thus, in Mobile County a majority of requests for additional services were for full-day services with more full-day requests being for preschool than for infant children.

Within the city of Mobile 81.7% of the respondents indicated a need for additional services; 92.8% of the respondents from within-county urban areas, other than Mobile, indicated a need for day care. In the rural areas 86.8% indicated a need for day care. The major differences in need as related to length of requested services per day were for full-day services, with 45.1% of the Mobile respondents requesting full-day care and approximately 60%

of the rural and urban respondents, other than Mobile, requesting full-day services. In Mobile County, as well as for the south Alabama area as a whole, the demand for day-care services is high. The percentages of requests were somewhat lower in Mobile than for other areas in the county.

b. Montgomery County

Table 6 indicates the percentages of the Montgomery County respondents indicating a need for day care.

The need for day-care services in Montgomery County, although substantial, was not as great as in Mobile County. In Montgomery County there was a 70.2% indication of need for day-care services, with 28.1% requesting half-day care and 42.1% requesting full-day care. Sixty-five percent of the infant-care responses indicated a need for additional services, while 35% indicated no day-care need. For the 3-6 years range, 75% of the respondents indicated an existing need for services. For the 0-3 year-olds 40% desired full-day care and 25% requested half-day care, while for the 3-6 years range 44% requested full-day care; 31% indicated a need for half-day care.

TABLE 6

PERCENTAGES OF MONTGOMERY COUNTY RESPONDENTS
INDICATING A NEED FOR DAY-CARE SERVICES*

Need	0 - 3 Years			3 - 6 Years			
	Montgomery	Rural	**Total (0-3)	Montgomery	Rural	**Total (3-6)	**Grand Total
Half-Day Care	25.4	23.5	25.0	37.3	12.5	30.8	28.1
Full-Day Care	34.9	58.8	40.0	31.3	79.2	44.0	42.1
No Day Care	39.7	17.7	35.0	31.4	8.3	25.2	29.8

*Based on 171 cases (If a respondent had children in both age categories, she responded to both categories).

**Because of unequal numbers of respondents in the rural-urban categories by children's ages, the total percentages are not computed by averaging the percentages of individual cells. Refer to numerical tabulation in Appendix C.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

A comparison between day-care needs for the city of Montgomery and the rural areas revealed the demand for services to be considerably greater in the rural areas than in Montgomery. Sixty-five percent of the Montgomery city respondents requested day care, while 88% of the rural respondents indicated a need for additional services. Of the total Montgomery city respondents, 32% requested half-day care and 33% requested full-day care, while only 17% of the rural respondents desired half-day care and 71% requested full-day care. Thus, the need for full-day care is considerably greater for rural Montgomery County than for the city of Montgomery. Also, the need for day care in Montgomery County, while substantial, is not of the same magnitude as the need in Mobile County.

5. Needs According to Family Incomes

Since the income of parents who will participate in a state-wide program will determine the extent to which they will be able to pay for services, it is imperative that the Department of Pensions and Security know the demand for day care in relation to the family incomes. Also, a thorough knowledge of socioeconomic status of potential participating families will aid the planning agencies in developing a program most suitable to the needs of the children and parents involved.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Tables 7 and 8 indicate the percentages of respondents indicating a need for day care in relation to family incomes of respondents and ages of children in these families.

These relations are presented graphically in Figure 5.

TABLE 7 - TOTAL PERCENTAGES OF LOW, MIDDLE, AND HIGH INCOME RESPONDENTS REQUESTING DAY-CARE SERVICES*

	Low Income	Middle Income	High Income
Half-Day Care	27	36	37
Full-Day Care	62	46	39
No Day Care	11	18	24

* Based on 1,218 cases. (Respondents who refused to give or did not know incomes were not included. Respondents who had children in both age categories responded to both categories.)

a. Family Incomes of Total Sample

Of the total low-income respondents, 89% expressed a need for day care. Approximately 82% of the middle-income respondents expressed a need for day-care services, while 76% of the high-income respondents requested day-care services. The indication of these data is that as family income decreases, the need for day-care services increases. The major difference in need is between the high- and low-income groups, with 13% more of the low-income parents than high-income parents needing day-care services.

TABLE 8

PERCENTAGES OF RESPONDENTS INDICATING A NEED FOR DAY CARE IN RELATION TO ANNUAL FAMILY INCOMES AND AGES OF CHILDREN*

Need	0 - 3 Years				3 - 6 Years				
	Low(Less Than $4,000	Middle ($4,000 -9,000)	High ($10,000 &Above	**Total (0-3)	Low(Less Than $4,000	Middle ($4,000 -9,000)	High ($10,000 & Above	**Total (3-6)	**Grand Total
Half-Day Planned Center	22	24	30	25	15	32	37	28	27
Half-Day Unplanned Center	4	4	1	3	2	0	0	1	2
Half-Day Planned Home	4	4	4	4	4	4	2	4	4
Half-Day Un-Planned Home	1	2	1	1	1	1	0	1	1
Full-Day Planned Center	47	34	25	35	61	41	34	44	39
Full-Day Unplanned Center	1	3	5	3	0	1	2	1	2
Full-Day Planned Home	6	8	3	7	7	4	4	5	6
Full-Day Unplanned Home	1	2	1	1	1	0	2	1	1
No Day Care	14	19	30	21	9	17	19	15	18

*Based on 1,218 cases (Respondents who refused to give or did not know incomes were not included. Respondents who had children in both age categories responded to both categories).

**Because of unequal numbers of respondents in each income group, the total percentages are not computed by averaging the individual cell percentages. See numerical tabulation in Appendix C.

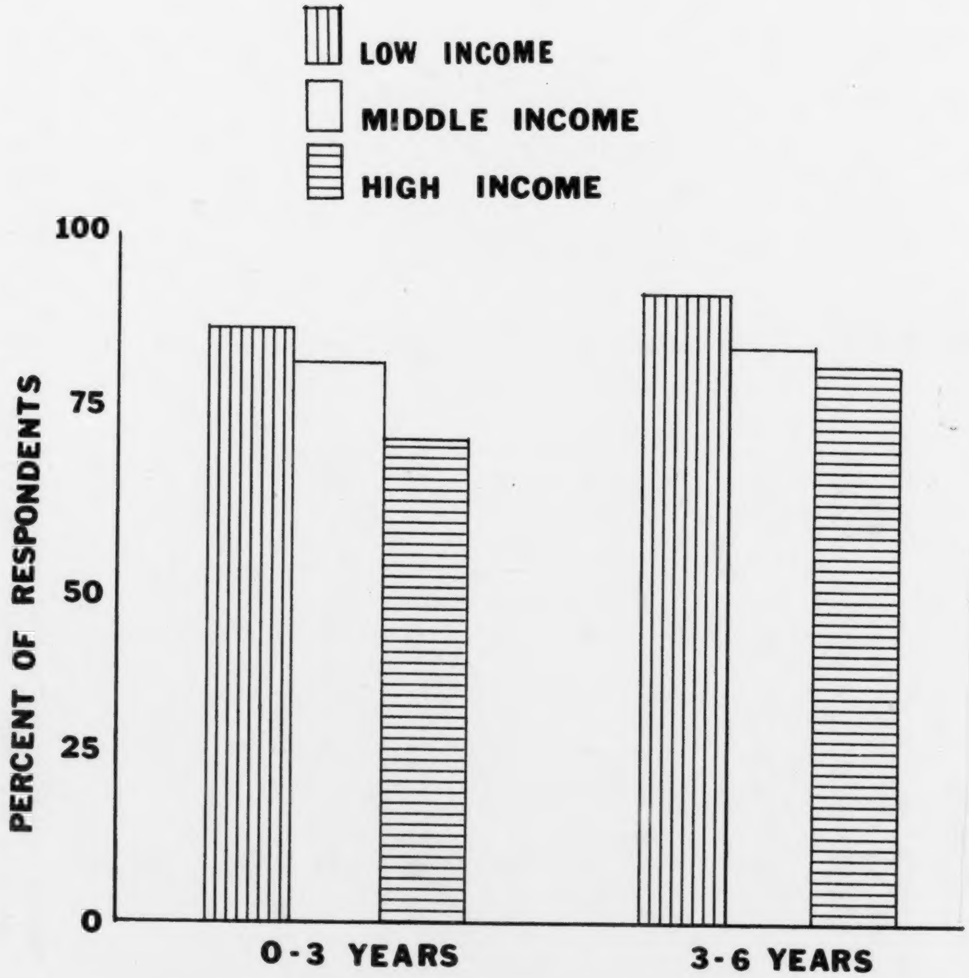


Fig. 5 Need for day-care services according to ages of children and family incomes

Half-day care services were requested by 27%, 36% and 37% of the total low-, middle-, and high-income respondents, respectively. There was more variation among the income groups in relation to need for full-day care than need for half-day care, with 62% of the low-income group, 46% of the middle-income group, and 39% of the high-income group requesting full-day care services. As income decreases, the need for full-day care increases, while the reverse is true for half-day care needs and income.

b. Family Incomes and Ages of Children

Comparisons of the income groups' needs for day care in relation to ages of children indicate that the requests for day-care services differ by income groups in both age categories for children. Eighty-six percent of the low-income group who had children under three years of age indicated a need for day care, while 81% of the middle-income and 70% of the high-income respondents indicated a need for day-care services for their children of similar ages. For children between three and six years of age, 91%, 83%, and 81% of the low-, middle-, and high-income parents, respectively, indicated a need for day-care services. The one income group in which there was a considerable difference in need for day-care services depending on the ages of the children was the high-income group, with 11% more high-income parents expressing a need for day care for their children from three to six years of age than was expressed by them for children under three years of age.

Thirty-one percent of the low-income respondents desired half-day services for their children under three years of age and 22% desired half-day care for their preschool children from three to six years of age. Thirty-four percent of the middle-income parents expressed a need for half-day care services for children under three while 37% expressed a need for half-day care for their children from three to six years of age. Of the high-income parents, 36% wanted half-day care for their children under three years and 39% expressed a need for half-day care for preschool children from three to six years of age.

Therefore, 11% more low-income parents wish half-day care for their children under three years of age than for those over three years, while only 3% more middle- and high-income parents wish half-day care for their children over three than desire half-day care for their children under three.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Of the low-income parents with children under three years of age, 55% want full-day care, while for their children above three, 69% want full-day care, representing a 14% greater need for day care as the children of low-income parents become older than three years of age. Forty-seven percent of the middle-income parents want full-day care for their children under three years of age and 46% want full-day care services for children over three years. The high-income parents expressed a need basis of 34% for full-day care services for their children under three years, and 42% wanted full-day care services for their children over three years of age. This represents an 8% increase in need for full-day care by high-income parents as their children become older than three years of age.

The greatest differences in length of day-care programs desired occurred within the low-income group with only 22% wishing half-day care for their preschool children older than three years, while 69% of the low-income parents wanted full-day care for their children older than three years. This represents a demand basis of 47% more low-income parents wishing full-day care for their older children than wanted half-day care. This particular difference in demand for full-day care versus half-day care by ages of children does not occur for either the middle- or high-income group.

C. Requests for Center and Home Care: Planned and Unplanned Activities

If a comprehensive day-care program is to meet the needs of and be well received by the parents of preschool children throughout the state, it must be planned according to their expressed desires. Two considerations, which are highly important to the successful execution of a day-care program, are the extent of the parental demands for care in centers and homes and the demands for planned and unplanned activities. By giving full consideration to parental desires, the planning agencies can insure increased acceptance and participation by the families for whom the services are intended.

1. Requests of Total Sample

Table 9 indicates the relative demands for center care versus home care and planned activities versus unplanned activities in relation to family incomes and children's ages.

TABLE 9

PERCENTAGES OF RESPONDENTS REQUESTING CENTER CARE, HOME CARE, PLANNED ACTIVITIES, AND UNPLANNED ACTIVITIES IN RELATION TO FAMILY INCOMES*

Service Source	0 - 3 Years				3 - 6 Years				
	Low	Middle	High	Total** (0-3)	Low	Middle	High	Total** (3-6)	Grand Totals
Planned Center Care	80.0	72.0	79.8	75.8	84.2	87.3	88.0	86.7	81.7
Planned Home Care	12.0	14.8	9.6	13.0	12.2	10.5	7.8	10.2	11.5
Unplanned Center Care	6.4	8.1	8.5	7.7	2.2	1.5	2.1	1.8	4.5
Unplanned Home Care	1.6	5.1	2.1	3.5	1.4	0.7	2.1	1.3	2.3

*Based on 1,002 cases (number of cases requesring day care). Respondents who did not know or refused to give incomes were not included. Respondents who had children in both age categories responded to both categories.

**Because of unequal numbers of repondents in each income group, the total percentages cannot be derived by using individual percentages but must be derived from number of respondents in each case. Refer to numerical tabulations in Appendix C.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Figure 6 illustrates the proportions of respondents requesting care in centers in relation to ages of children and family incomes.

Of the total respondents who desired day care, 86.2% wanted care in a center, while 13.8% desired care in a day-care home. For the children under three years of age, 83.5% of the respondents requested center care, while 88.5% of the respondents requested care in a center for their children between three and six years of age. Thus, most sample parents wanted care in a center regardless of the ages of their children.

The relative demand for planned activities was even greater than that for care in a center. Of the total respondents who wanted day care, 93.2% requested planned activities for their children. For the children under three years of age, 88.8% of the respondents requested planned activities, while 96.9% of the respondents requested planned activities for their children between the ages of three and six years.

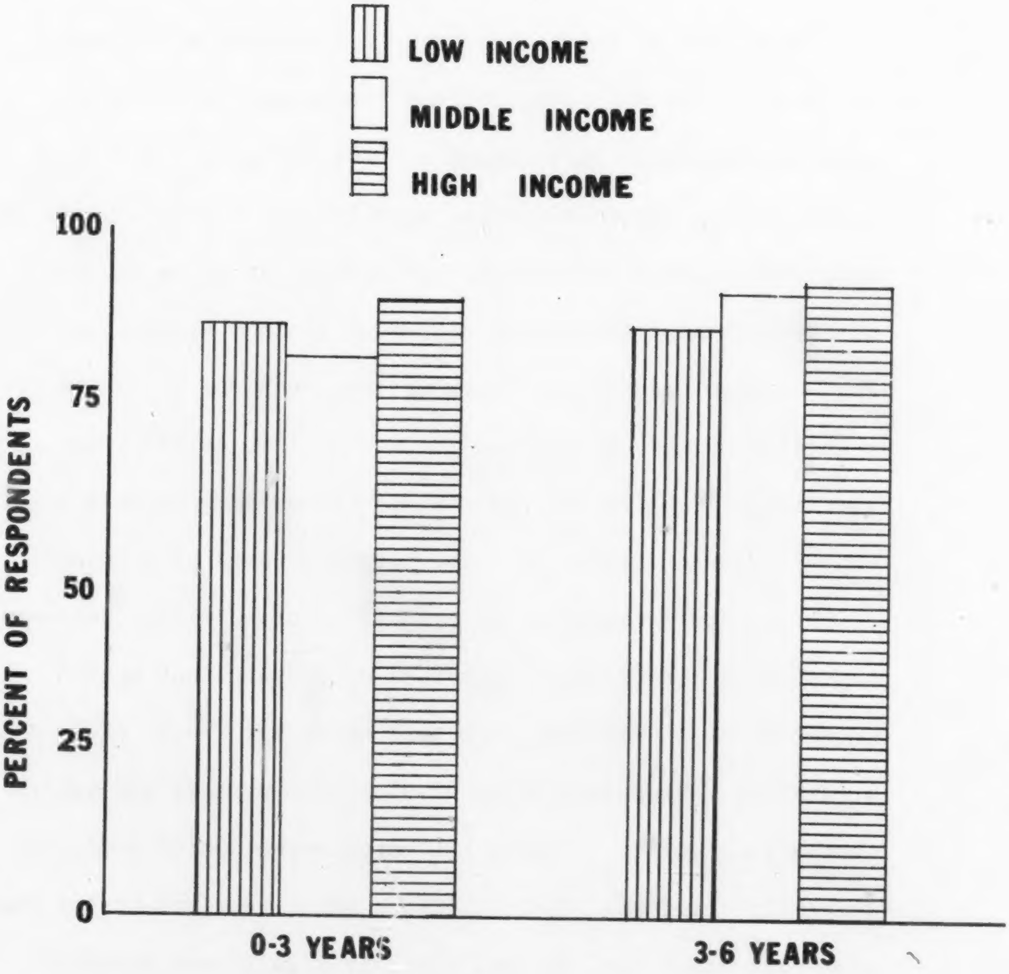


Fig. 6 Percent of parents preferring center care rather than family day-care homes

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

The extent to which the demand for planned activities in day-care centers differed from the demand in day-care homes is important in planning a future program. Of the respondents who requested center care for their children, 94.8% requested planned activities, while 83.3% of those who requested day-care homes also requested planned activities. For children under three years of age, 90.8% of those who requested center care wanted planned activities also; for this age group, 78.8% of the parents who requested home care also wanted planned activities. The sample parents of preschool children over three years of age also overwhelmingly requested planned activities, regardless of whether they wanted center care or home care. In this upper age group, planned activities were requested by 97.9% of the parents who wanted center care and by 88.9% of the parents who wanted home care for their children. The conclusion which receives strong support from these data is that a highly significant majority of parents wish the day-care programs to have planned activities, regardless of ages of children and regardless of whether the children attend a day-care center or a day-care home. Of course, planned activities were requested by more parents of children over three years of age than by parents of children under three years.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

2. Requests by Income Groups

A comparison of requests for center care and planned activities according to family incomes also indicates that a majority of all income groups wish center care and planned activities. Of the low-income respondents, 86.4% requested day-care centers, compared with 84.7% and 89.3% of the middle- and high-income groups, respectively, requesting care in centers. Planned activities were requested by 94.3% of the low-income respondents, 92.6% of the middle-income respondents, and 93.2% of the high-income respondents. Income level had very little effect upon the percentages of respondents who wanted care in a center and planned activities for their children.

3. Requests by Urban-Rural and Racial Groups

The requests for planned and unplanned activities according to urban-rural respondents and White-Black respondents are presented in Table 10.

TABLE 10

PERCENTAGES OF REQUESTS FOR PLANNED
AND UNPLANNED ACTIVITIES ACCORDING TO
RACE OF RESPONDENTS AND URBAN-RURAL AREAS

Service Source	0 - 3 Years					3 - 6 Years					
	Urban		Rural			Urban		Rural			
	White	Black	White	Black	*Total (0-3)	White	Black	White	Black	*Total (3-6)	*Grand Total
Planned Activities	85.9	92.1	90.0	92.7	89.3	96.6	98.3	96.6	97.3	97.0	93.6
Unplanned Activities	14.1	7.9	10.0	7.3	10.7	3.4	1.7	3.4	2.7	3.0	6.4

*Because of unequal numbers of respondents in urban-rural and Black-White categories, the total percentages must be computed from the numbers of respondents, not by averaging the individual percentages. Refer to numerical tabulations in Appendix C

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Ninety-three percent of the urban respondents requested planned activities, while 94% of the rural respondents indicated a desire for planned activities. Similar proportions of White and Black respondents requested planned activities, with 93% of the White respondents and 95% of the Black respondents requesting planned activities. For their children under three years of age, 85.9% of the urban White respondents and 92.1% of the urban Black respondents stated that planned activities were preferred. The requests for this age group were similar for the rural areas, with 90% of the rural Whites and 92.7% of the rural Blacks requesting planned activities. Similar trends were indicated for children between three and six years of age, with proportionally more parents requesting planned activities.

These data indicate that planned activities are desired by almost all urban Black and White parents and by almost all rural Black and White parents. Since almost all respondents requested planned activities, neither race of respondents nor urban-rural locations had any appreciable effect on the request for planned activities.

D. Services for Handicapped Children

Day-care programs will not meet the specific needs of the preschool handicapped children unless provisions for these children are made in the planning stage of the program. As an aid in planning a comprehensive program, data were collected on the number of handicapped children in our sample.

Of a total of 2,820 children in the sample population, 97 or 3.4% were described as being handicapped by the parents and in need of special services. There were 1,669 preschool children under six years of age in our sample. Sixty-six (3.95%) of the preschool children in the sample population were handicapped. Sixty-seven percent of the handicapped children are receiving some type of special service. However, the extent to which services are provided for those enrolled in special programs varies considerably, from being in a special educational program on a daily basis to monthly visits to the Crippled Children's Hospital or periodic visits to other service centers. Thus, 33% of the handicapped children are receiving no special services. It may be important to determine how many others need additional services on a regular basis.

E. Requests for Direct Services to Parents

The child's parents play a major role in his social, intellectual, and personality development. It is the manner in which parents interact with the child and reinforce his efforts and achievements that will determine, to a significant extent, the direction and rate of his development. Only if parents are knowledgeable of and sensitive to the child's present developmental needs, will they be able to provide him with the necessary stimulation, reinforcement, and directional guidance which are essential to his developmental progress.

The day-care program is a method of providing assistance in the child's development progress, not a replacement for the parents. To maximize the beneficial effects of day care, parent education must be an integral part of a comprehensive child development program.

To be successful, any parent education program must be based on, at least to a major degree, the wishes of the parents involved. Important information concerning services which the parents of preschool children desire as an integral part of the day-care program is presented in Table 11.

As a first-choice selection, 38.3% of the respondents expressed a desire for aid in understanding child development, while for 22.8% of the respondents, child development education was a second-choice service desired. Parental discussion of child problems

TABLE 11

PERCENTAGES OF REQUESTS FOR VARIOUS DIRECT SERVICES

Service	1st Choice*	2nd Choice**
Child Development Information	38.3	22.8
Parental Discussion of Child Problems	19.2	21.3
Recommended Shots for Children	13.0	12.4
Assistance in Planning Meals	12.1	22.2
Aid in Behavioral Management	9.2	4.4
Aid in Clothing Purchases	5.0	9.4
Birth Control Information	1.2	5.1
Other Services	2.0	2.3

*Based on 974 cases - Some respondents wished no services.
**Based on 961 cases - Some respondents who made a first choice had no second choice.

was second in demand as a parental service, with 19.2% of the respondents listing it as a first choice and 21.3% listing it as a second choice. Aid in obtaining recommended shots and assistance in planning nutritious meals were services relatively high in demand, ranking third and fourth in first and second choice selections of services, respectively. Thirteen percent and 12.1% of the respondents selected these services as first choices, respectively.

Significantly more lower-income parents indicated their first-choice service request to be help in planning nutritious meals than was indicated by middle- and high-income parents ($X^2 = 8.75$; $p < .001$). Aid in obtaining recommended shots was listed by more high-income parents than by either low-income or middle-income parents as their first-choice service request ($X^2 = 62$; $p < .001$).

Birth control and aid in clothing purchases were the two noticeable areas in which there was very little demand for service or education, with only 1.2% and 5.0% of the respondents selecting these services, respectively, as their first choices.

Although only about 9% of the respondents indicated that special help with problem children (behavioral management) was their first-choice service request, significantly more low-income respondents requested this service on a first-choice basis than did middle- or high-income parents ($X^2 = 69$; $p < .001$).

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

From a general perspective, the data indicate that not only do parents feel a need for day-care programs but that they also feel a strong desire for training in child development and for assistance and education in techniques for meeting the developmental needs of their children. The data suggest that a provision for guided parental discussions of current problems experienced in rearing their children would be an asset to parental education, both in terms of immediate assistance to parents and parental acceptance of these discussions. There is also ample demand for the inclusion of meal-planning and children's shots in the program. A sound basis for the development of educational programs for parents in conjunction with preschool day care is provided by these data.

F. Parental Selections of Potential Program Components

In designing day-care programs, special consideration should be given to the components of the program which are deemed important by the parents. Table 12 illustrates the parent's ratings of the most important aspect of day-care programs. It should be remembered that respondents could make only two selections, first and second choices.

TABLE 12

PERCENTAGE OF RESPONDENTS' RATINGS OF PROGRAM COMPONENTS

Component	1st Choice	2nd Choice*	Average %
Staff Training & Competence	66.8	14.4	40.6
Program Quality	11.2	42.2	26.7
Transportation for Children	9.9	9.6	9.8
Quality of Food	8.0	17.3	12.6
Quality of Physical Facilities	4.1	16.5	10.3

*Based on 988 cases. Some respondents refused to rate program components.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

A substantial number of parents selected physical facilities, food quality, and transportation as their first or second choices of importance. However, the most striking result is that an overwhelming majority of parents consider staff competence and training as the most important aspect of day care, with 66.8% of all respondents selecting this aspect of day-care programs as being the most important. Training and competence of staff was selected as the most important aspect of a day-care program on a first-choice basis by significantly more high-income respondents than by low-income respondents ($X^2 = 18.34$; $p < .001$). Program quality was viewed as the most important aspect of a program by the second largest number of parents, with 11.2% of the respondents selecting it as their first choice and 42.2% selecting it as their second choice. Significantly more high-income respondents selected program quality as the most important aspect of a day-care program than did low-income parents ($X^2 = 3.90$; $p < .05$). The quality of food served in the day-care centers ranked fourth in first-choice selections by parents, with 8.0% of the respondents selecting it as first choice. Food quality was more important to more parents than were physical facilities. In relation to income and the importance of food quality, significantly more low-income than high-income respondents selected food as the most important aspect of a day-care program ($X^2 = 20.0$; $p < .001$).

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Approximately 10% of the sample respondents indicated that transportation was the most important aspect of a day-care program. Significantly more low-income respondents than high-income respondents indicated transportation to be the most important aspect of a day-care program on a first-choice basis ($X^2 = 42.5$; $p < .001$), this difference probably indicating a lack of private transportation available to the low-income parents. No other requests differed according to income groups.

The indication is that parents of preschool children want staff training and competence to be the foremost consideration in the design of a day-care program with program quality receiving major emphasis. However, this does not indicate that parents do not place importance on the food, transportation, and physical facilities, but simply that staff and program quality are considered as more important aspects of a program.

G. Parental Evaluations of Potential Program Features

Child development programs may vary in regard to prominent features of the program, depending on the desires and needs of the participants. To determine which potential features of a program are most desired by our sample parents, with the expectation that their responses would be representative of the population of the southern counties, we included a feature-evaluation question in the inventory. Table 13 illustrates the parent evaluations of the importance of possible program features. The respondents gave only one rating for each feature.

The two features which were rated as being very important by the greatest number of parents are development of positive peer interpersonal relations and health care, with these features being rated as very important by 94.2% and 93.3% of the parents, respectively.

Reading instruction and parental involvement were also rated as highly desirable features of a developmental program; 62.9% of the respondents rated parent involvement as being very important, while 25.5% rated it as desirable, resulting in a total of 88.4% of the respondents who consider parent involvement as being either very important or desirable. Reading instruction was viewed as being very important by 62.3% of the respondents and as being desirable by 23.6%, resulting in 85.9% of all respondents considering reading instruction as being either a very important or desirable feature of a child development program.

TABLE 13

PARENTAL RATINGS OF PROGRAM FEATURES
IN PERCENTAGES OF RESPONDENTS SELECTING
SPECIFIC RATINGS FOR EACH FEATURE*

Features	Very Important	Desirable	Undecided	Unimportant
Development of Positive Peer Interpersonal Relations	94.2	5.2	0.2	0.4
Health Care	93.3	5.1	0.8	0.8
Parent Involvement	62.9	25.5	8.6	3.0
Inclusion of Reading Program	62.3	23.6	6.9	7.2
Closeness to Home	44.2	47.9	2.9	4.9
Inclusion of Male Staff	28.8	27.4	16.1	27.7
Racially Integrated	23.7	18.3	22.4	35.6

*Based on an average of 975 cases per feature. Some respondents refused to rate program features.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

There appears to be a general consensus among parents that day-care centers should be located near the homes to be served, as indicated by 44.2% of the respondents viewing closeness to home as very important and 92.1% indicating closeness to home as being either very important or desirable.

There was a noticeable lack of agreement among parents concerning the importance of having male staff members as well as female, with only 28.8% of the sample viewing the inclusion of male staff members as a very important feature of the program. An almost equivalent number viewed having male staff as unimportant (27.7%), while 27.4% indicated that male staff members were a desirable feature. In summary, 56.2% of the respondents indicated that male staff members were either a very important or desirable feature of child development programs.

In an effort to assess the attitude of the parental population toward racial integration as an integral feature of child development programs, the respondents were asked to evaluate the importance of racial integration. There was no decisive consensus among respondents concerning importance of integration in a day-care program. Approximately 23.7% of all respondents answering this question viewed integration as a very important feature, while 35.6% viewed it as being unimportant. Twenty-two percent were undecided about integration and 18.3% thought it desirable. There were some respondents, mainly Whites, who were opposed to integration; however, this was a minority of the sample respondents and since no opposition rating was included in the sample, it does not provide any definite percentage of opposition respondents. The general finding here is that a majority of respondents did not express strong preference for or against racial integration as a feature of child development programs.

H. Requests for Direct Services to Children, Other than Physical Care

Table 14 indicates in summary form the percentages of respondents who requested various direct services, other than physical care, for their children in day-care programs. The information indicates the importance of the various services, as viewed by the parents of preschool children. Respondents selected three services: their first, second, and third choices.

Medical and educational services were requested by a majority of parents, with 46.7% of the first-choice selections being made for medical services and 37.7% of the first-choice selections for educational services. Medical services were requested by significantly

TABLE 14

PERCENTAGES OF RESPONDENTS
REQUESTING VARIOUS DIRECT SERVICES

Services	1st Choice*	2nd Choice**	3rd Choice***	Average %
Medical	46.7	22.3	11.1	26.8
Educational	37.7	22.9	23.1	27.9
Food Planning & Preparation	5.8	17.9	19.7	14.5
Dental	4.1	21.6	17.1	14.2
Special Help with Problem Children	3.1	6.9	13.0	7.6
Transportation	2.1	7.7	15.5	8.4
Other Services	0.5	0.7	0.5	0.6

*Based on 978 cases. Some respondents had no service choice.

**Based on 973 cases. Some respondents who had a first choice refused to make a second or third choice.

***Based on 963 cases. Some respondents who had a second choice refused to make a third choice.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

more lower-income respondents than by high-income respondents ($X^2 = 18.7$; $p < .001$). However, educational services were requested by significantly more high-income parents than by low-income parents ($X^2 = 25.65$; $p < .001$). These differences may very well be a result of the current lack of available medical services for the low-income children. The two services combined were first-choice selections for 84.4% of the respondents. In addition, 22.3% and 22.9% of the second-choice selections were for medical and educational services, respectively. These data indicate that parents of preschool children believe educational and medical services are extremely important as integral parts of day-care programs.

Food planning and preparation had an overall selection-rank of third place, with 5.8%, 17.9%, and 19.7% of the service requests being made for food planning on first, second, and third-choice bases, respectively. In view of the fact that such a large majority of parents saw medical and educational services as being most important, these choice percentages for food preparation indicate that provision of food is an important factor to a substantial number of parents.

Dental services received 4.1% of the first-choice requests and 21.6% and 17.1% of the second- and third-choice selections, respectively. Many of the parents do consider dental service as being important in a day-care program; however, medical and education, and food services rank above it in the degree of importance.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Transportation and special assistance with problem children received relatively few first- and second-choice requests; however, 15.5% and 13.0% of the respondents selected these two services as third-choice requests, respectively. In summary, the demand for medical and educational services received priority as requested services by parents, with the greatest demand for educational and medical services being made by the high- and low-income respondents, respectively. However, the relative importance parents placed on all potential services warrant their being included in day-care programs.

I. Current Medical and Dental Care

The relative importance that parents attach to dental care (Table 14) is not reflected in the dental care that their children have received. Dental care has never been provided for preschool children of 69.5% of the parents in our sample. Only 13.8% of the parents make dental appointments for their preschool children once every six months and 8.9% once per year, with the remaining 7.8% stating that their children received dental care when the family could cope with the expense or when a cavity became noticeable. The three income groups did not differ significantly in relation to how often their preschool children had dental appointments. These data indicate an urgent need for the provision of dental services in day-care programs for preschool children.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Eighty-two percent of the mothers in our sample indicated that they had been under the care of a physician during the first three months of their last pregnancy, and 12.7% had first been under the care of a physician between three and five months of pregnancy, with the remaining 5.3% either having seen a physician after six months of pregnancy or not having seen one at all. The 18% who were not attended by a physician during the early months of pregnancy may include some mothers who underwent hazardous early pregnancy conditions. The high-income mothers had significently more medical evaluations during their last pregnancy than did the low-income mothers ("t" = 2.68; $p < .01$). These data indicate a need for additional medical services during pregnancy, especially for the lower-income mothers who either were not financially able to afford the expense of the needed care or did not perceive the necessity of medical care during pregnancy.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

J. Summary of Survey Results

The major result of the survey can be summarized readily: an overwhelming majority of all parents with children under six indicated a need for day care, regardless of residential locations, race, or socioeconomic status.

A majority of mothers need additional child-care services (79.8%), with the request for full-day care being greater than half-day care services, regardless of residential locations, race, socioeconomic status, or ages of children. The Black respondents requested day-care services more than did the White respondents (92% versus 75%); however, most parents of both racial groups indicated a need for additional day-care services. The requests for day-care services increased as family incomes decreased, ranging from a high of 88% of the low-income mothers to a low of 70% of the high-income mothers indicating a need for day-care services. Also, the low-income mothers requested full-day care more than did the high-income mothers.

The family income distribution was not a controlled factor in this study because of budgetary and time limitations. Therefore, it is possible that the lower-income groups had less proportional representation than the other income groups. However, the lower the incomes of the sample respondents were, the greater the need for day care. The indication is that an increase in the number of respondents from the low-income group would probably have resulted in an increase in the total need for day-care services.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Day care can play a critical role in state economics by allowing mothers to continue working without interfering child-care problems and by freeing mothers for employment when jobs are available.

Almost one-half (45.4%) of the employed mothers in the sample reported that child-care problems interfered with their employment during the past year. Child-care problems are creating difficulties in employment and family living for many working mothers, with the problems affecting more low-income parents than either middle- or high-income parents.

Almost one-fourth of the total unemployed mothers in our sample reported that child-care problems have resulted in their not seeking employment, and approximately one-half of the mothers in the lowest income group have not sought employment because of child-care problems. These data indicate that additional child-care services would increase the available work force, with the greatest increase occurring in the low-income group. Of the unemployed mothers, 43.6% indicated a desire for immediate employment if child-care services were provided. Perhaps more important is the finding that three-fourths of the unemployed mothers in the lowest income group stated that they would seek employment if child-care services were available. Although there is no guarantee that all these unemployed mothers could find suitable employment, the facts are that most mothers desire employment and that child-care services would enable them to actively seek employment.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

The survey provided some important insights into the ideal features of a statewide day-care system in terms of type of facility, program, parental involvement, and staffing.

Of the mothers requesting day-care services, most (86.2%) desired care in a center, as opposed to care in a day-care home. This demand for center care varied by only five percentage points for infants and preschool children, with more requests for center care being for preschool children.

Planned activities were requested by most mothers (93.2%), with the requests for planned activities differing only by eight percentage points for infants and preschool children. In relation to family incomes, income had very little effect on the demand for center care and planned activities, with all income groups requesting center care and planned activities. Race also had little effect on requests for center care and planned activities, with both Black and White respondents requesting center care and planned activities.

A comprehensive day-care program will provide needed services to parents as an integral part of the program. The first choice of parents for service was aid in understanding child development; most services were requested by a sufficient number of parents to warrant their inclusion in a comprehensive program. The one noticeable area in which there was little demand for services was birth control information.

IV. CHILD CARE SERVICES REQUESTED BY PARENTS (Continued)

Parents indicated that staff training and competence was the most important aspect of a day-care program; program quality ranked as a close second choice as an important feature of a day-care program.

In conclusion, this report indicates that most mothers need additional day-care services, regardless of income, race, and rural-urban locations. Alabama must now design and implement a statewide day-care system to meet this need.

V. ALABAMA COMMUNITY RESOURCES

Utilization of the existing community resources is mandatory if a day-care program is to provide the services needed by the state's preschool children. The purpose of the Community Resources Study was to identify on a county-by-county basis the providers of child development services in the areas of health, education, nutrition, and social services. These data provide valuable information on which agencies, organizations, and professions in each county are presently providing child development services for the county preschool children.

The inventories which were used to collect the resource data were developed by the University of Alabama at Birmingham (UAB) Planning Grant staff in cooperation with professionals in the four service areas. UEC used the inventories by permission of UAB, the Alabama Development Office, and the Interdepartmental Coordinating Committee for Early Childhood Development.

The county directors of the Department of Pensions and Security collected the data in the 32 non-Appalachian counties. In the 35 Appalachian counties the data was collected by DPS County Directors in some counties and by community groups in other counties. UEC was responsible for compiling the community resource data for southern Alabama and UAB assumed a similar responsibility for northern Alabama. UEC has included the resource data for all 67 Alabama counties in this report.

UEC developed a coding system which presents the data in a form conducive to a comparative analysis of available resources according to counties. Each service area (health, education, nutrition, and social services) is presented separately with a county-by-county listing of providers for the particular service components. Preceding each service is a legend which makes possible the immediate identification of providers. The survey instrument and definitions of all services are presented in an appendix.

Providers which are unique to only one or two counties are not included because the coding system, to be functionally useful, can have only a limited number of symbols. However, the relatively few providers which are not included within the tables can be obtained from DPS, UEC, or UAB, which have a detailed listing of all providers.

The present report of community resources represents only a beginning of what should ultimately be a detailed analysis and utilization of all existing resources. These data are, however, viewed as a very important beginning of a most valuable endeavor. The next logical undertaking is the development and utilization of a survey instrument which would permit the systematic collection of more complete and quantifiable community resource data.

A. Social Services

Legend

Providers		Providers	
AC	Achievement Center	HOS	Hospital
ACFP	Ala. Council for Voluntary Family Planning	JC	Job Corps
ASC	Ala. Sight Conservation	JUV	Juvenile Court and/or Probate Judge
BC	Boys Club	K	Day Care Center, Kindergarten
BR	Boys Ranch	L	Library
C	Churches, Relig. Org.	LAS	Legal Aid Society
CA	Community Action	LP	Local Parks
CAS	Ala.Children's Aid Society	LRC	Local Recreation Center
CC	Chamber of Commerce	MD	Medical Doctor
CDLD	Cen.for Developmental Learning, Disorders	MHC	Mental Health Center
CH	Children's Home	M-HOS	State Mental Hospital
CSS	Catholic Social Service	NA	None Available or not listed from DPS source
DA	County Atty or DA	OEO	Office of Economic Opportunity
DEd	Dept. of Education	RC	Red Cross
DPS	Dept. of Pensions & Security	RS	Rehabilitation Serivce
EA	Employment Agencies	SA	Salvation Army
ES	Extension Service	SC	Scouts
FA	Farmers Home Admin.	SES	State Employment Service
FCS	Family Counseling Service	TS	Taxi Service
FPC	Family Planning Clinic	UR	Urban Renewal
*	Not located in county	WBC	Well Baby Clinic
?	Number not given	YMCA	Young Men's Christian Assoc.

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Bullock	OEO CCS	HD DPS	RS DPS	FHA HA DPS	LRC DEd	NA	NA	HD	OEO HD	DPS CA	DPS	DA	DPS	DPS
Butler	RS CA	CA HD	RS	HA FHA	LRC	NA	K?	MHC HD DPS	DPS	DPS	DPS	NA	DPS	DPS ES
Calhoun	DPS CCS UCP	HD	RS SES	HA	LRC K?	DPS	K?	SA	HD	DPS	NA	NA	NA	NA
Chambers	DPS OEO CCS HS	HD OEO	RS C JC	HA OEO FHA	ES LRC	ES DPS OEO	K? HS	MHC DPS HD CCS	OEO ES HD	DPS	DPS	DA JUV	NA	NA
Cherokee	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Autauga	CCS TS DEd C	MD? HD DPS ACFP MHC	DEd SES RS DPS JC	HA FHA	YMCA LP	DPS	K-12	MHC DPS HD FCS	MD? HD DPS CCS	DPS CSS CH CAS	DPS CH HOS BR CSS CAS	NA	DPS CH HOS M-HOS CAS BR	DPS ES
Baldwin	CCS HS UR	MD-18 HD	RS SES OEO	FHA UR	LP UR	NA	K-3 HS	CSS DPS HS	HD MD-18 WBC CCS	DPS CSS	DPS	NA	DPS CSS JUV	ES
Barbour	CSS	MD-10 HD DPS	DPS RS DEd	FHA DPS CA FA	LRC L	NA	K?	MD? DPS C MHC	DPS HD ES CCS C DEd MD?	DPS	DPS	NA	MD? DPS HD	DPS ES
Bibb	OEO DPS	HD DPS	SES	NA	NA	NA	NA	DPS	DPS HD CCS ES MD? CDLD	DPS	NA	NA	DPS	NA
Elount	DPS CCS	HD DPS MD?	DPS	DPS HA FHA	LRC DPS	ES DPS	K? DPS	DPS ES	DPS ES	DPS	NA	DPS	NA	NA

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Chilton	NA	HD	NA	HA	LRC	ES	NA	DPS	NA	DPS	DPS	NA	NA	NA
Choctaw	DPS CCS RS	MD? DEd DPS HD	DEd RS DPS EA	DPS FHA	DPS L LRC	DPS ES	DPS	MHC DEd HD DPS C MD?	MD? HD DPS CCS	DPS	DPS	DA DPS JUV	DPS JUV	DPS HD ES
Clarke	CCS DPS	MD? HD DPS	DPS MD? RS HD DEd EA	FHA DPS	NA	NA	K?	MD? DPS C	MD? HD DPS CCS ES	DPS	DPS	DPS DA JUV	JUV DPS	DPS ES
Clay	DPS DEd	HD	RS	HA	K?	ES	K?	HD	HD	DPS	DPS	NA	NA	NA
Cleburne	DPS	HD	SA SES	HA	LRC	DPS	NA	SA	NA	DPS	DPS	NA	NA	NA

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Coffee	OFO	MD? HD DPS	DPS EA	FA HA	K? HS	DEd	K?	DPS C	DEd HD DPS	DPS	DPS	DA	MD? DA DPS	U-1 ES
Colbert	DPS CA	HD	RS SES	HA	LRC	NA	K-5	DPS	NA	DPS	DPS	NA	DPS	NA
Conecuh	SA TS	DPS HD	DPS ES	DPS VA HA	LRC	NA	K?	DPS C	HD DPS CCS	DPS	DPS	NA	DPS JUV	ES
Coosa	DPS CCS	HD CA	DEd	HA	NA	EA CA	NA	DPS	HD	DPS	DPS	CA	NA	NA
Covington	RS ASC DPS OEO CCS C	DPS HD RS OEO CCS	U-1 RS EA DEd	DPS FHA HA OEO	LRC L LP	NA	K-5	MHC DPS RC RS CCS	HD DEd DPS CCS ES	DPS	DPS	DPS	JUV DPS RC DEd	HD DPS OEO ES

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Crenshaw	DPS CCS	DPS HD MD-4 CA	RS DEd	FA HA CA	K? DEd HS	NA	K-4	MD-4 DPS C	MD-4 DPS HD	DPS	DPS	DA	DPS JUV	OEO DPS ES CA
Cullman	DPS C	MD? HD DPS	RS	FHA UR	HS	ES	K?	MHC	HS ES	DPS	DPS CH	NA	JUV DPS	DPS
Dale	DPS OEO C	MD-7 DPS HD	RS U-2 DPS EA	HA CC	LRC C	NA	K-8	DPS JUV C	MD-7 DPS HD	DPS CSS	DPS	DA	DPS	OEO DPS HD ES
Dallas	C K? DPS HS	MD? DPS HD	DEd RS EA	HA	LRC K? HS	NA	K? HS	DPS C	MD? HD DPS CCS RC	DPS CH	DPS CH	NA	DPS	DPS ES RC OEO
DeKalb	NA	HD DPS	SES RS	HA FA	NA	NA	NA	DPS	DPS	DPS	DPS	DPS	DPS JUV	NA

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counselling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Elmore	DPS	DPS	NA	NA	NA	NA	NA	DPS	DPS	DPS	DPS	NA	DPS	DPS
Escambia	CCS C CA LRC SA	HD DPS	DEd EA RS	NA	LRC	NA	K-4	DPS HD C	DPS HD DEd ES	DPS	DPS	DA	JUV DPS	OEO ES
Etowah	DPS	HD	SES DEd	HA	LRC K?	DPS	K-4 CH	HD	DEd	DPS	DPS	NA	NA	NA
Fayette	NA	HD MD? DPS	RS SES DPS DEd	DPS HA	K? LRC	HD DPS	K? LRC	DPS HD	DPS HD DEd	DPS	DPS	DA	DPS JUV	DPS ES
Franklin	CCS DPS	HD DPS	RS	FHA	NA	NA	K?	DPS	DPS	DPS	DPS	NA	DPS JUV	DPS

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Geneva	DPS	HD MD-6 DPS ES	DEd DPS RS EA VA	FHA FA	C L	DEd DPS ES	K-2	DEd DPS ES C	MD-6 DPS HD ES	DPS	DPS	DA	JUV DPS	DPS ES
Greene	CCS DPS	CCS DPS	RS	FHA	DEd	ES	NA	MHC HD DPS	HD DEd	DPS	DPS	DPS	DPS	DPS
Hale	CCS DEd	HD DPS MD?	DEd DPS RS EA	FHA HA DPS	LRC SC C	NA	K-1	DPS HD	MHC HD CCS RS MD?	DPS	DPS	DA	MD? DA DPS HD	DPS ES
Henry	CA	HD	DEd	NA	NA	ES	NA	NA	DEd	NA	NA	NA	NA	NA
Houston	NA	HD DPS	DEd EA	NA	LRC BC	NA	K?	MHC DPS	HD DPS	DPS	DPS	NA	DPS	DPS ES

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Jackson	CCS DPS	HD DPS	RS SES	HA	LRC	NA	K? DPS	MHC MD? DPS C	DEd RS WBC HD CCS	DPS CSS	DPS	DA JUV	DPS JUV	ES
Jefferson	TS	FPC FCS	VA	HA	NA	NA	K?	FCS DPS RC CSS SA	RC	DPS CSS CAS	DPS CSS CAS	LAS	NA	DEd FCS
Lamar	DPS	DPS	DPS	OEO DPS	NA	OEO	DPS	NA	NA	NA	NA	NA	NA	NA
Lauderdale	DEd DPS	HD MD-10 RS DPS	RS SES DPS DEd	FA OEO HA	HS HA DPS K-47	NA	K-47	DPS RS MHC HS	CSS HD MD? MHC DPS DEd	DPS CSS	DPS	LAS DA	DPS JUV	DPS
Lawrence	HD DPS CA	HD DPS MHC	HD DPS MHC RS CA	MHC DPS CA ES	NA	NA	DPS	DPS MHC HD	HD DPS MHC	DPS	DPS	NA	DPS HD MHC	DPS HD MHC CA ES

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Lee	HS SA VISTA DEd DPS UA C AC	DPS HD HS VISTA CSS	DPS DEd U-1 EA HS RS VISTA	DPS HA FHA VISTA C	DPS MHC LRC C HS HA VISTA SC DEd	DPS ES U-1 HS VISTA HA	DPS K? HS	MHC DPS HA JUV VISTA HS	DPS DPS HD JUV VISTA HS MD?	DPS CSS JUV	DPS	DPS JUV	DPS JUV MD?	DPS EA HA HD VISTA HS
Limestone	DPS	HD	NA	NA	LRC	NA	K?	MHC DPS	DPS MHC HD CCS	DPS	DPS	NA	DPS	NA
Lowndes	HD DPS CCS	MD? HD	RS OEO	FHA OEO	LRC HS DEd	NA	K-6	DPS HD	DPS HD HS	DPS	DPS	NA	DPS	DPS HD ES
Macon	HOS-1 DPS CCS CA	DPS DEd HD MI CA	DPS ModC EA DEd RS CA FHA	FHA HA DPS ModC CA	LRC DEd HA CA	CA	K? U-1 DPS CA	HOS-1 ModC DPS CA DEd HA C FHA ES	DEd HA CCS HD CA MI MD? HOS?	DPS	DPS	DPS JUV CA	DPS JUV	DEd HA HD ES DPS CA
Madison	DEd	MD? HD CA	NA	HA CSS	DEd LRC	NA	AC MD? U	DPS FCS CSS MHC	DEd MHC	DPS CSS	DPS CSS	LAS	DPS HD	HA FPC MHC

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Marengo	DEd CCS DPS	MD-18 HD	NA	FA FHA	K-12 LRC	NA	K-8	MHC C MD-18 DPS	DPS ES WBC MHC MD-18 CCS	DPS JUV	DPS CH	DA	JUV HD DPS	DPS ES
Marion	NA	NA	OEO	HA	K?	NA	NA	MHC	DPA	DPS	DPS	NA	JUV	OEO ES
Marshall	DPS	HD MHC DPS	SES RS	HA DPS	NA	NA	K? CDC	DPS MHC	DPS ES DEd	DPS	DPS	NA	DPS	DPS ES
Mobile	K? RS RC TS	HD FCS CSS	EA RS U-2 DEd	HA UR	LRC YMCA SC YWCA K? DEd	NA	K-246	MHC HS VA JUV HA DPS FCS RC CSS	MHC DEd CCS HD HS DPS MD? U CDC	DPS CSS	DPS CSS	LAS	DPS JUV	DPS RC ES MHC
Monroe	HS	MD-6 HD DPS	RS EA	FA DPS HA	NA	NA	DPS HS	DPS C	HD	DPS	DPS	DA JUV	DPS	DPS ES

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Montgomery	DPS CSS CA CCS	MD? ACFP DPS HD	DEd RS DPS EA CA	HA CA DPS	LRC C YMCA LP SA BC	NA	K? HS	MHC DEd CSS DPS RC SA FGC	MD? DPS HD CCS RS	DPS CH CSS	DPS CSS CH	LAS	DPS CSS JUV SA	DPS ES RS CA
Morgan	MHC DPS	MHC DPS	RC RS MHC DPS	HA	BC LRC	NA	K? UCP	SA CH HD DPS CDC	DPS MHC CDC HD UCP	CSS CH DPS	CSS CPS	DA	CSS MHC DPS	NA
Perry	DPS CCS C	MD-4 DPS HD	MD-4 DEd RS DPS EA	FHA DPS	K-5 HS LRC C	NA	K-5 HS	MD-4 DPS RS CCS HD DEd	MD-4 DEd HD RS ES	DPS	DPS	DA	DPS JUV HD MD-4	DPS DEd RS
Pickens	DPS CA	HD	RS	NA	DEd C	NA	CA K?	C DPS	CA	DPS	DPS	NA	DPS	ES
Pike	DPS CA CCS	HD	RS	HA DPS CA	LRC CA DPS	ES LRC	DPS	NA	NA	DPS	DPS	DA	DPS	DPS ES CA

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Randolph	DPS CCS	HD	HD RS SES	HA	K?	NA	K?	DPS	HD	DPS	DPS	NA	NA	NA
Russell	DPS OEO RC SA C	HD DPS OEO HOS? SA RC C	DPS RS OEO U-1 ES DEd	HA DPS RS FHA OEO	LRC L C	HD ES DPS C	K-15	MHC DPS OEO HD SA RC	HOS-1 MD-10 ES HD DPS C CCS DEd	JUV DPS	DPS	LAS	DPS JUV DEd	DPS OEO ES DEd
Shelby	NA	HD	RS	NA	LRC	ES	NA	DPS	NA	DPS	DPS	NA	NA	NA
St Clair	NA	HD	NA	NA	LRC	NA	DPS	NA	HD	DPS	DPS	NA	NA	NA
Sumter	DPS HD HS	MD-4 DPS HD	DEd RS DPS U-1	FHA HA DPS ES UR	C HS K-2	NA	K-2 HS	HD RS C DPS MHC MD?	HD DPS DEd MD? CCS	DPS	DPS	DPS	DPS	DPS ES HD

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counselling	Housing	Recreation	Homemaker Services	Day Care	Family Counselling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Tallaaega	CCS DPS	HD	SES	HA	LRC K?	DPS	K?	HD	DEd	NA	NA	NA	NA	DPS
Tallapoosa	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Tuscaloosa	DPS	HD DPS	RS	HA UR	LRC	NA	K-11	FCS DPS	DPS CCS K?	DPS	DPS SA	LAS FCS	DPS JUV	ES
Walker	CA	FPC	CA	FHA CA HA	NA	ES	K?	DPS ES	ES	DPS	DPS	NA	NA	NA
Washington	DPS CCS	MD-3 HD DPS	DPS RS	FHA HA	DEd	NA	NA	DPS MHC MD-3 C	MD-3 HD DPS	DPS	DPS	NA	JUV MD-3 DPS	DPS

SOCIAL SERVICES

COUNTY	Transportation	Family Planning	Vocational Counseling	Housing	Recreation	Homemaker Services	Day Care	Family Counseling	Parent Education	Adoption Service	Foster Care	Legal Services	Protective Services	Home Management & Customer Education
Wilcox	NA	HD	DPS HD RS	DPS FHA	NA	DPS HD ES	DPS	DPS ES HD	DPS DEd HD	DPS	DPS	DPS	DPS HD	DPS HD ES
Winston	NA	DPS	RS	DPS	NA	NA	NA	DPS	NA	DPS	DPS	NA	DPS	NA

EDUCATIONAL SERVICES

Legend

Providers	
AC	Achievement Center
C	Churches, Relig. Org.
CA	Community Action
CC	Civic Club
CCS	Crippled Children's Service
CDC	Child Development Cen.
CH	Children's Home
DEd	Dept of Education
DEN	Dentist(Private)
DPS	Dept of Pensions & Security
ES	Extension Service
ESAD	No code given
L	Library
?	Number not indicated

Providers	
MHC	Mental Health Center
MI	No code name given
MIC	No code name given
MS	Montossori School
NA	None available or not listed from DPS source
OEO	Office of Economic Opportunity
PSY	Psychologist(Private)
RC	Red Cross
RD	Recreation Dept.
RS	Rehabilitation Service
U	College or University
UA	United Appeal
UCP	United Cerebral Palsy,Clinic
*	Not located in county

EDUCATIONAL SERVICES

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthetic and Cultural	Communication	Health & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Autauga	NA	NA	K4 DPS DEd	K4 DPS DEd	L DEd K4	DEd CCS* K4	K2 HD DPS ES DEd	K4 DEd HD DPS	K4 HD CCS* DEd ASC	K4 DEd DPS	K4 DPS HD HEd
Baldwin	HS K3	HS K3	HS K3	HS K3	HS K3	HS K3	HS	HS K3	HS K3	HS K3	HS K3
Barbour	DEd K?	DEd K?	DEd K?	DEd K?	DEd K?	DEd K?	DEd K?	DEd K?	DEd K?	DEd K?	DEd K?
Bibb	K2	K2	K2	K2	K2	K2	K2	K2	NA	NA	NA
Blount	RS	MD? K?	K?	K?	K?	NA	HD ES DPS	NA	HD	DPS	DPS
Bullock	K-1 HS	HS K-1	K? HS CA	K? HS	K? HS	CA	ES	HD K? HS	HD K? HS	K? HS CA ES	K? HS CA ES
Butler	DEd K3	DEd K3	DEd K3	DEd K3	DEd K3	DEd K3	DEd K3	DEd K3	DEd K3	DEd K3	DEd K3
Calhoun	K?	K?	K?	K?	K?	NA	K?	NA	K?	K?	NA
Chambers	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthetic and Cultural	Communication	Heatlh & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Cherokee	HS K2	HS K2	HS	HS	HS	NA	HD	NA	MHC	L	NA
Chilton	DEd	DEd	DEd	NA	DEd	NA	DEd ES	NA	NA	NA	NA
Choctaw	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd
Clarke	DEd	K2	K?	K?	K?	K?	DEd	K?	HD	DEd	NA
Clay	K?	K?	K?	K?	K?	NA	K?	NA	K?	K?	NA
Cleburne	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Coffee	K? HS	K? HS	K? HS	K? HS	K? HS	K? HS	MD? K? HD HS	K? HS	K? HS	K? HS	K? HS
Colbert	HS K10	NA	NA	NA	NA	NA	NA	NA	NA	HS K10	NA
Conecuh	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K1 DEd	K3 DEd HD	DEd HD	DEd DPS	DEd DPS

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthetic and Cultural	Communication	Heatlh & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Coosa	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Covington	K7	K7	K7	K7	K7	K7	K7 DEd	K7 DEd	K7 DEd	K7 DEd	K7 DEd
Crenshaw	K5 HS DEd	K5 HS	K5 HS C	K5 HS C	K5 HS C	K5 DPS HS	K5 HS ES	K5 HD DPS HS	K5 HD CCS	K5 DPS HS	MD4 HD DPS
Cullman	HS K?	HS K?	HS K?	HS K?	HS K?	HS K?	HS K?	HS	K? HS	HS K? ES	HS K? ES
Dale	K11	K11	K11	K11	K11	K11	K11	K11	K7	K7	NA
Dallas	NA	NA	NA	NA	NA	NA	K? HS HD DPS	K? HS ES DPS HD	MHC DPS HS	K? DPS HS	K? DPS HS
DeKalb	K3	K3	K3	K3	K3	HS	DEd	NA	NA	NA	NA
Elmore	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
Escambia	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K3 DEd	K3 DEd HD	K3 DEd	K3 DEd

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthatic and Cultural	Communication	Heatlh & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Etowah	K4 CH	K?	K?	K?	K?	NA	K?	NA	K?	K?	NA
Fayette	K3	K? HD DEd	DPS C	DPS HD C	NA	NA	NA	NA	MD? HD	DPS HD DEd	HD DPS DEd
Franklin	DEd	DEd	K?	K?	K?	K?	NA	K?	NA	NA	NA
Geneva	K7	K7	K7	K7	K7	K7	K7	K7	K7	K7	K7
Greene	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
Hale	K1	K?	K?	K?	HS	K?	K? DPS ES	HD DPS HS	MD? HD DEd	K? DEd HD DPS	K? DPS DEd
Henry	NA	NA	NA	NA	NA	NA	NA	NA	NA	ES	DEd
Houston	K?	K?	K?	K?	K?	K?	K?	K?	NA	K?	K?
Jackson	HS K? MD? C	HS K? MD? C	HS K? MD? C	HS K? MD? C	HS K? MD? C	HS K? MD? C	HS K? MD? C	HS K? MD? C	K?	HS K?	HS K? MD?

EDUCATIONAL SERVICES

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthetic and Cultural	Communication	Heatlh & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Jefferson	K96	K96	K96	K96	K96	K96	K?	K?	NA	NA	NA
Lamar	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd
Lauderdale	HS K17	HS K17	HS K17	HS K17	HS K17	HS K17	ES DPS HD	HD HS MD15	HS MHC RS	HS	DPS HS
Lawrence	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
Lee	K? DPS MHC HS DEd	K? DEd HS MHC DPS	K? MHC DEd DPS HS C	K? C MHC CC DPS HS DEd	K? MHC DPS DEd HS CC	K? DPS HS U-1 MHC CC DEd	UA DPS HD U-1 ES AC HS	U-1 K? HD DPS ES HS DEd	K? HD DPS DEd MHC C HS U-1	K? DPS DEd HS ESAP C	MHC DEd DPS HS
Limestone	HS	HS	HS	HS	HS	HS	HS	HS	HS	NA	NA
Lowndes	HS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Macon	K? DEd MS CA HS MI	K? DEd MS CA HS MI	K? DEd MS CA HS MI	K? DEd MS CA HS MI	K? DEd CA MS HS MI	K? DEd MS CA HS MI	K? DEd MS CA HS MI	K? DEd MS CA HS MI	K? DEd MS CA HS MI	K? DEd MS CA HS MI	K? DEd MS CA HS MI
Madison	M-HOS MHC	K? DEd AC MHC DPS	NA	K? DEd AC MHC DPS	K? DEd AC MHC DPS	L MHC	ES C K?	HD DEd HS	HD DEd AC HS	DEd ModC HS K?	HD DEd

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthetic and Cultural	Communication	Health & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Marengo	DEd	DEd	DEd	DEd	DEd	DEd	K5	K4	K1	K1	NA
Marion	NA	K?	NA	NA	NA	NA	NA	NA	NA	NA	NA
Marshall	K? HS DEd	K? HS DEd	K? HS DEd	K? HS DEd	K? HS DEd	K? HS DEd	K? ES DPS HD	HD	DEd HS MHC	HS DEd	HS DEd
Mobile	K? HS RD	K? DEd L RD	K? RD HS C	MHC K? HS C	K? HS L DEd C	K? HS L RD DEd	K? HD MD? HS	K? DEd RC RD MHC HS	K? MD? CDC MHC DEd HS MIC	MHC U-1 PC	MHC K? U-1 HS C
Monroe	K6 HS	K6 HS	K6 HS	K6 HS	K6 HS	K6 HS	HS	K6 HS	NA	HS	NA
Montgomery	K49 CA HS	K49 HS	K49 HS	K49 HS	K49 HS	K49 HS	K6 HS	K49 HS	K49 DEd HS	K49 DEd HS	K49 HS DEd
Morgan	DEd HS K? UCP CCS CDC	DEd HS K? UCP CCS CDC	DEd HS K? UCP CCS CDC	DEd HS K? UCP CCS CDC	DEd HS K? UCP CCS CDC	DEd HS K? UCP CCS CDC	K? CA HD	K? CA HD	HS CDC MHC	HD UCP CCS MHC CDC	HD UCP CCS MHC CDC
Perry	K4 DPS HS H	K4 U-1 DPS HS C	K4 U-1 DPS HS C	K4 U-1 DPS HS C	K4 U-1 DPS HS C	K4 U-1 DPS HS C	MD4 DEN3 HD ES C	K4 HS C	MD4 DEN3 K4 DPS CCS HS	DPS DEd HD ES	DPS DEd HD ES
Pickens	K?	K?	K?	K?	K?	K?	NA	OEO	HS	NA	NA

EDUCATIONAL SERVICES

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthetic and Cultural	Communication	Heatlh & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Pike	HS K3	K3 HS	K3 HS	K3 HS	K3 HS	K3 HS	K3 HS	K3 HS	K3 HS	K3 HS	K3 HS
Randolph	K?	K?	K?	K?	K?	K?	K? HD	NA	K?	NA	NA
Russell	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd
Shelby	NA	DEd	DEd	DEd	DEd	NA	DEd	NA	NA	NA	NA
St Clair	HS HD	HS HD	HS HD	HS HD	HS HD	NA	HS HD ES	NA	U	NA	NA
Sumter	K4 HS	K4 HS	K4 HS	K4 HS	K4 HS	K4 HS	HD HS DEd DPS	HD HS	HD HS DEd	DEd HS DPS	DEd HS DPS
Talladega	K? HS	K? HS	K? HS	K? HS	K? HS	NA	K? HS	NA	K? HS	NA	K? HS
Tallapoosa	K? HS MHC	NA	NA	NA	NA	NA	ES	NA	NA	NA	NA
Tuscaloosa	K? HS	DEd RD	YMCA L C	U YMCA L C	U YMCA L C	U YMCA L C	HD HS DEd	ES U	U	DPS K? HS	U DEd

COUNTY	Psychomotor	Cognitive	Social	Affective	Aesthetic and Cultural	Communication	Heatlh & Nutrition	Health & Safety Education	Developmental Evaluation	Parent Involvement and Home Education	Parent Education
Walker	K? UA	K? UA	K? UA	K? UA	K? UA	NA	ES	NA	MHC	NA	NA
Washington	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd	DEd
Wilcox	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Winston	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

HEALTH SERVICES

Legend

Providers	
AC	Achievement Center
AHA	Ala. Heart Assoc.
ABDC	Assoc. for Brain Damaged Children
ASC	Ala. Sight Conservation
CA	Community Action
CCt	Children's Center
CCS	Crippled Children's Service
CDC	Child Development Cen.
CDLD	Cen. for Developmental Learning, Disorders
CSS	Catholic Social Services
DC	Dental Clinic
DEd	Dept of Education
DEN	Dentists(Private)
DGC	Diagnostic & Guidance Center
DPS	Dept of Pensions & Security
ES	Extension Service
ETS	Educational Testing Service
FGC	Family Guidance Center
FHS	Ala. Foundation for Hearing & Speech
HD	Health Dept

Providers	
HOS	Hospital
HS	Head Start
K	Day Care Centers & Kindergartens
LC	Lions Club
MD	Medical Doctors(Private)
MHC	Mental Health Assoc., Centers
M-HOS	State Mental Hospital
MI	No name given for code
MIC	No name given for code
NA	None available or not listed from DPS source
OP	Optometrists & Ophthalmologists
PSY	Psychologists(Private)
RS	Rehabilitation Service
SA	Salvation Army
SDB	School for Deaf & Blind
TBA	TB Association
U	College or University
UA	United Appeal
UCP	United Cerebral Palsy,Clinic
WBC	Well Baby Clinic
*	Not located in county
?	Number not given

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Autauga	MD-5 HD CCS	OP-1 LC MD-5 HD DEd ASC SDB CCS	MD-5 U-2 HD DEd SDB CCS	MD-5 HD DEd SDB CCS	DEN5 MD-5 HD CCS	MD-5 HD CCS	MD-5 HD DEd CCS	MD-5 HD	MD-5 HD CCS	DPS HD	AHA MD-5 DEN-5 DPS OP-1 HD TBA DEd	MD-5 HD	MD-5 HD CCS	HOS-1	MD-5 HD CCS	MD-5 HD CCS	MHC* HD CCt DGC	MHC* DGC FGC	MHC* HD DGC FGC	MHC*
Baldwin	MD-18 HD	HD CCS HS LC	HD CCS HS	CCS HS	DEN-7 HS	MD-18 HD	MD-18 HD	MD-18 HD	MD-18 HD WBC	HS	HS K-5	MD-18 HD	MD-18 HD	HOS-3	NA	MD-18 HD	DGC	MHC*	NA	MHC* DGC
Barbour	MD10 HD CCS	MD10 OP-1 CCS HD	MD10 HD CCS	MD10 HD CCS	DEN4 HD	HD CCS RS	MD10 HD	MD10 HD	MD10 HD	DPS HD ES	DPS HD ES	MD10 HD	MD10 HD	HOS-1	MD10 DPS HD RS	MD10 HD	MD10 MHC* HD	MHC*	NA	NA
Bibb	HD CCS MD? U	ASC CCS	CCS	CCS	U DEN?	CCS MD?	MD? HD	HD MD?*	HD MD?	DPS HD	HD	HD MD?	NA	NA	NA	NA	HD CCS	NA	U	NA
Blount	U MD? HD	HD ASC	HD	HD	U DEN?	CCS MD?	HD MD?	MD? HD	HD WBC MD?	DPS HD	DPS HD	HD	HOS-1 DPS	NA	RS	HD WBC MD?	U	NA	OEO PSY MHC*	OEO PSY MHC*

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Bullock	MD? HD WBC* CCS	WBC* CCS MHC* ASC	WBC* CCS MHC*	WBC* CCS MHC* HS K-1	DEN-1 HS K	WBC* CCS HD HS	WBC* CCS HS K	MD? HD	MD? WBC*	HD HS K	HD HS	MD? HD	MD? WBC* HD	HOS-1 HD WBC*	CCS	HD WBC* CCS MHC*	MHC*	NA	MHC*	CCS MHC*
Butler	HD	CCS	CCS	NA	CCS	HD	NA	HD	HD	HD	HD	HD	HD	NA	NA	HD	MHC	NA	MHC	MHC
Calhoun	HD	ASC SDB	SDB U	CCS	HD	CCS	CCS	HD	HD	HD	HD AHA	HD	NA	HOS-3	RS	NA	MHC	MHC	MHC	MHC
Chambers	DPS HD CCS HS	HD CCS HS LC	HD CCS HS	CCS HS	HS	CCS RS	CCS HS RS	HD ES OEO	HD OEO	HD ES HS	HD ES HS	HD	CCS RS HD	DPS UA	RS CCS	CCS HD	CCS HS RS	MHC	MHC	MHC
Cherokee	NA	NA	NA	NA	NA	NA	NA	NA	HD	HD HS	HD	HD	HOS-1 DPS	HOS-1 DPS CCS	HD CCS	CCS	MHC	MHC	MHC	MHC

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Chilton	DPS HD	DEd	DEd	NA	NA	NA	NA	HD	HD	NA	HD	HD	NA	NA	RS	NA	NA	NA	NA	NA
Choctaw	MD? HD DPS	MD? HD ASC DPS LC	MD? SDB DPS HD	DPS CCS	CCS	MHC HD CCS	MHC DPS HD	DPS HD	DPS HD	HD DPS CCS DEd	DPS HD ES	DPS HD	MD? DPS HD MHC CCS	CCS RS	DPS RS	DPS MHC CCS HD	DPS MHC HD	DPS MHC HD DEd	DPS MHC DEd	U-1 MHC
Clarke	MD? DPS HD	MD? HD CCS ASC	MD? HD CCS	MD? HD CCS	DEN? MD? HD CCS	MD? HD	MD? HD	MD? HD	MD? HD	NA	MD? HD	MD? HD	HD	DPS HD CCS RS	DPS CCS HD RS	DPS CCS HD RS	MD? CCS M-HOS RS	MD? M-HOS CCS RS	MD? M-HOS PSY CCS RS	MD? M-HOS PSY CCS RS
Clay	NA	HD SDB ASC	HD SDB U FHS	FHS	NA	CCS	NA	HD	HD	HD	NA	HD	NA	HOS-1	RS	NA	NA	NA	NA	NA
Cleburne	NA	NA	NA	NA	NA	NA	NA	NA	NA	HD	HD	HD	NA	HOS-1	CCS	NA	MHC	MHC	MHC	MHC

COUNTY	Coffee	Colbert	Conecuh	Coosa	Covington
Medical Evaluation	MD? HD CCS	HD	HOS-1 HD CCS	HD	MD19 HOS-4 HD DPS RS CCS
Vision	MD? HD LC	HD	OP-1 HD ASC CCS SDB	HD SDB ASC	LC OP-7 DPS HD RS CCS ASC
Hearing	MD? CCS	HD	SDB CCS HD	HD SDB U	MD-1 DPS HD RS CCS
Language and Speech	MD? CCS	HD	CCS	FHS	DPS HD CCS RS
Dental	DEN? HS	HD	DEN3 CCS	HD FHS	DEN9 HD DPS RS CCS
Physical Disability	MD? DPS HD	HD	HD CCS	CCS*	MD19 DEd HD DPS RS CCS
Physical & Motor Development	NA	HD	HD	CCS*	DPS HD RS CCS
Prenatal	MD? HD	HD	HD	HD	DPS HD CCS
Postnatal	MD? HD	HD	HD	HD	DPS HD RS CCS
Personal Hygiene	MD? DPS HD	HD	HD	HD	DPS HD RS CCS
Health Education	MD? HD DPS	HD	HD	HD	DPS HD DEd RS CCS
Immunization	MD? HD	HD	HD	HD	MD19 HD DPS CCS
Outpatient	MD? HD	NA	HOS-1 HD ASC CCS	NA	MD19 HOS-4 HD DPS CCS
Hospitalization	HOS? CCS	NA	HOS-1	NA	HOS-4 DPS RS CCS
Rehabilitation	NA	NA	CCS	NA	RS CCS
Follow-up Care & Evaluation	MD? HD CCS	NA	CCS HD	HD	HD RS CCS
Mental Disability	MHC MD?	NA	NA	NA	MHC
Psychiatric	MHC MD?	NA	M-HOS	NA	NA
Psychological Counseling	MHC MD?	NA	NA	NA	MHC
Psychological Evaluation	MHC MD?	NA	NA	NA	MHC RS

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Crenshaw	MD-4 HD	OP-1 HD LC	HD CCS	CCS	DEN-1	CCS	K-5 HD HS DEd	MD-3 HD	MD-4 HD	K-5 DPS HD ES HS	K-5 HD DEd HS	HD	MD-4 HD	HOS-1	RS	MD-4 RS	MHC	MHC	MHC	MHC RS
Cullman	MD? HS DPS	LC HS DEd OP?	HS CCS*	HS CCS*	HS	CCS HS	CCS HS	MD? SA*	MD? SA*	HD DPS	HS	HD MD?	HOS? MD?	HOS?	CCS* DPS	CCS*	MHC	MHC HS	MHC HS	MHC HS
Dale	MD17 HD	MD17 HD	MD17 HD CCS	DEd U-1 CCS	DEN4	MD17 HOS2 HD CCS	DEd CCS	HOS2 MD17 HD	MD17 HD	MD17 HD K-4	MD17 HD K-4	MD17 HOS2	HOS2 HOS2*	HOS2 HOS2*	CCS*	MD17 HD	CCS*	MHC*	MD17	DEd U-1
Dallas	MD? HD	MD? ASC DEd	HS DEd	DEd	DEN16	MD? HD CCS	MD? HD CCS	MD? HD RC	MD? HD	DPS HD ES	HD	HD	HD	HOS3	CCS RS	HD DPS	MHC	MD?	MHC	MHC
DeKalb	HD CCS	HD CCS	HD CCS	HD CCS	HD CCS	HD CCS	HD CCS	HD	HD	HD	HD	HD	HD MD12	HD HOS?	HD	HD MD?	MHC	MHC	MHC	MHC

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Elmore	HD	HD	HD	NA	NA	NA	NA	HD	HD	HD	NA	HD	NA	NA	NA	NA	NA	NA	NA	NA
Escambia	MD16 HD	MD16 OP3 HD CCS	MD16 HD CCS	NA	DEN10	MD16 OP3 HD CCS	MD16 MHC*	MD16 HD	MD16 DPS	HD K-2	MD16 HD	MD16 HD	HD	HOS3	CCS	CCS	MHC*	MHC*	MHC*	NA
Etowah	HD	CCS ASC SDB HD	CCS SDB U FHS	MHC DEd FHS	HD HS	CCS*	CCS*	HD	HD	K-4 CH	K?	HD	HD	HOS2	CCS RS	NA	NA	NA	NA	NA
Fayette	HD MD?	HD MD? CCS	HD MD? CCS	U CCS	DEN	CCS MD? RS	MHC U	HD MD?	HD MD?	MD? DPS HD	DPS DEd HD MD?	HD MD?	HD MD?	DPS HD MD?	DPS HD MD?	DPS HD MD?	DPS MD? HD MHC	MHC	MHC PSY	MHC
Franklin	HD	HD	CCS HD	NA	HD	HD	NA	HD	HD	NA	NA	HD	NA	NA	RS	NA	NA	NA	NA	NA

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counselling	Psychological Evaluation
Geneva	MD6 HD CCS*	MD6 HD CCS*	MD6 HD CCS*	MD6 CCS*	DEN3 HD	MD6 HD CCS*	MD6 HD	MD6 HD	MD6 HD ES	MD6 HD ES	MD6 HD	MD6 HD	MD6 HD	MD6 RS CCS*	MD6 CCS*	MD6 CCS*	MD6 HD MHC	CCS*	CCS*	CCS*
Greene	HD	HD	HD	DEd HS	DEd	U-1 CCS	CCS	HD	HD	HD HS	HD	HD	HD	NA	RS	HD	HD	HD	MHC	MHC
Hale	MD? HD CCS RS	DEd HD ASC	DEd HD	DEd	DEN-1	HD MD? DPS CCS	HD	MD? DPS HD ES	MD? HD	MD? DEN-1 HD K-2	DPS HD ES	MD? HD	MD? HD CCS	HOS-1	MD? HD DPS RS	MD? HD RS	DEd MHC	MHC	MHC	MHC DEd
Henry	HD DEd	HD DEd LC	HD DEd RS*	CCS DEd	HD	CCS*	CCS*	HD	HD	HD DEd	HD	HD	HD	HOS-1	CCS*	HD	NA	NA	NA	NA
Houston	HD	HD	HD	CCS	NA	CCS	HD	HD	HD	K?	HD	HD	HD	CCS	NA	HD	MHC	MHC	MHC	MHC

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Jackson	MD? HS	HS ASC CCS	HS CCS	HS	DEN? HS	NA	NA	MD? HD	WBC MD?	NA	HD	HD MD?	NA	NA	CCS	HD	NA	NA	NA	NA
Jefferson	MD? HD CCS HOS	MD? OP? U ASC HS HOS	HD MD? HOS	NA	DEN? HD CCS HOS	NA	NA	MD? HD U HOS	NA	NA	NA	HD MD? HOS	MD? HOS	U HOS	CCS HOS	NA	NA	NA	NA	NA
Lamar	HD	LC HD	HD	HD CCS	NA	HD CCS	NA	HD	HD	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Lauderdale	HS CCS MD15	ASC MD? HS	CCS HS	CCS	HD DEN24 HS	CCS MD15	MD15 HD	RC DPS SA MD10	MD10 HD SA	HD MD15 DPS HS	HD HS SA	HD MD15	NA	HOS	RS	DPS CCS HD	MHC HS DEd	MD? MHC	MHC MD?	MHC
Lawrence	HD	ASC HD CCS	CCS HD	CCS HD	HD	CCS HD	HD	HD	HD	HD DPS ES	HD	HD	HD	HD DPS	CCS RS	HD	HD MHC	MHC	MHC	MHC

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Lee	HD MD? CCS MHC	DEd MD? U-1 CCS HS ASC RS HD	MD? HD U-1 CCS HS DEd	U-1 HD CCS DEd HS MD?	ETS DEN? CCS DEd HS ESAP VISTA	U-1 HD CCS DEd	MHC HD CCS DEd	MD? HD	MD? HD CCS HS	MD? DPS HD CCS K? HS DEd	MD? DPS HD HS DEd CCS	MD? HD HS DEd	MD? MHC HD CCS	MD? HOS-1 DPS HD CCS SA UA	MD? DPS HD MHC CCS RS	MD? DPS HD MHC CCS RS DEd	MHC DPS K? HS CCS	MHC MD?	MHC U-1 MD?	MHC U-1 MD?
Limestone	HD	HD	HD	HD	HD	HD	HD	HD	HD	HD	HD	HD	HD	NA	HD DPS CCS	HD	HD MHC	HD MHC	HD MHC	HD MHC
Lowndes	MD2 HD	MD 2 HD ASC CCS*	MD2 HD CCS*	MD2 HD CCS*	DEN2 HD	MD2 HD CCS*	MD2 HD CCS*	MD2 HD	MD2 HD	MD2 HD	MD2 HD	MD2 HD	MD2 HD	HOS2* MD2	MD2 HD CCS*	MD2 CCS* HD	MD2 HD	MD2 HD	MD2 HD	MD2 HD
Macon	HD DEd CA	HD DEd ASC CCS	HD	HD DEd CCS	HD CCS CA	CCS	HD DEd CCS	NA	HD DEd	HD DEd CA	MD? HD MI DEd CA ES	MD? HD	MD? MI HD HOS? CA	HOS? CCS	CCS	MI HD DEd HS	MHC MI HD DEd	MHC MI DEd	MHC MI DEd	MHC MI DEd
Madison	MD? CA	DEd RS CCS CA	DEd RS CCS CA	DEd	DEN?	RS CCS	AC RS CCS	HD CA	HD HOS MD?	HD DEd HS ES	HD DEd CA	HD MD?	HD	HD	CCS	HD DEd HS	MHC	MHC HOS	MHC	MHC DEd PSY HS

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Marengo	MD18 HD DEd CCS WBC	MD18 OP7 HD DEd CCS ASC	MD4* ABDC DEd CCS HD U-1* SDB	U-1* CCS ABDC	DEN10 HD DEd CCS	MD18 CCS ABDC	MD18 CCS ABDC	MD18 HD CCS	MD18 HD CCS WBC	MD18 K-27 DPS HD ES	MD18 K-27 DPS HD ES	MD18 HD WBC	MD18 MHC HD CCS	MD18 MHC HD DPS CCS	MD18 CCS ASC ABDC	MD18 DPS HD CCS LC ASC	MHC M-HOS MD18 HD	MHC M-HOS	MHC M-HOS	MHC* U-1 MHC
Marion	HD	DEd	NA	NA	NA	NA	NA	NA	NA	NA	NA	HD	NA	NA	NA	NA	NA	NA	NA	NA
Marshall	HD	HS DEd HD	HD	HD	HS DEN? HD	CCS RS HS HD	HD	HD MD?	HD WBC	WBC HS	WBC HD DEd	HD MD?	MD? CCS RS	HOS3	HD DPS CCS RS	MD? HD RS CCS	MHC	MHC	MHC HD DPS WBC	MHC
Mobile	MD? MIC HOS-1 CDC CCS	MD? ASC	MD? RS DEd	CCS RS UCP	DC RS	CCS RS	CDC MIC MD? MHC RS U-1	HOS-1 MD? MIC	MD? MIC CCS CED	HD K? HS	HD HS MD?	MD? HOS-1 HD	HOS? HD	HOS4	RS ASC CCS UCP	MD? MHC HD RS	MD? MHC RS	MD? MHC CDC	MD? MHC DEd	U-1 MHC CDC DEd
Monroe	MD6 HD HS	OP-1 ASC	NA	NA	DEN 5	NA	NA	MD6 HD	MD6 HD	NA	NA	MD6 HD	NA	HOS-1	NA	HD	NA	NA	NA	NA

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Montgomery	HSI HD CCS MHC RS CCt	HSI ASC LC	HSI CCS RS CCt	CCS DEd CCt RS	HD HSI HS	HSI CCS RS HD CCt	CCS RS HSQ CCt	HD DPS HSI	HD HSI DPS WBC	DPS HD HS HSI CCS RS CCt CSS	FGC DEd HS	HSI HD	MD? HOS? CCS	MD? HOS? CCS	MHC CCt DPS RS FGC	HD HSI CCS RS	CCt MHC DEd FGC	MHC CCt CCS RS FGC	MHC CCt CCS RS	MHC CCt CCS RS FGC
Morgan	CCS RS HD MHC MD30 M-HOS UCP	ASC LC HD CCS M-HOS SDB MD5	CCS SDB MHC M-HOS MD5	CCS MHC M-HOS	CA DEd DEN30 HD	AHA CCS M-HOS SDB RS HD UCP	CCS M-HOS HD UCP	CSS MD30 HD	CSS MD30 HD	DPS MD30 HD	HOS CA ES DPS MD30 UCP HD	MD30 HD	HD CCS MHC MD3 UCP	CCS M-HOS HOS MD30	CCS RS	HOS CCS HD DPS UCP	MHC	MHC MD-4	CSS MHC PSY	MHC M-HOS PSY
Perry	MD4 DPS HD CCS	MD4 OP-1 HD DPS ASC	MD4 HD DPS CCS	HD DPS	DEN3 HD DPS CCS	MD4 HD CCS	MD4 HD DPS CCS	MD4 HD DPS RS	MD4 HD DPS ES	HD DEd K-3 DPS HS	MD4 DEN3 HS HD DPS CCS DEd K-1	MD4 HD DPS DEd HS	MD4 DEN3 HOS-1 HD	MD4 HOS-1 CCS HD DPS ASC RS	MD4 DEN3 HD DPS CCS RS ASC	MD4 DEN3 HD DPS CCS RS	MHC* MD4 HD	MHC* HD MD4 DGC*	MD4 MHC* HD DGC*	MD4 MHC* HD DGC*
Pickens	HD	DEd	DEd	NA	NA	NA	HD	HD	HD	HD DEd	HD DEd	HD	NA	NA	NA	HD	NA	NA	NA	NA
Pike	MD7 HD	OP3 HD	HD CCS	CCS	DEN6 HD	CCS	HD CCS	MD7 HD	HD	HD	HD	HD	MD7	DPS CCS HOS-2	CCS	HD CCS	M-HOS MHC	M-HOS MHC	NA	U-1

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Randolph	HD	HD ASC SDB	HD SDB FHS U	FHS	HD	CCS*	CCS*	HD	HD	HD	HD	HD	HD	HD	NA	HD	NA	NA	NA	NA
Russell	HD	HD DEd	HD DEd	NA	HD HS	NA	NA	HD	HD	NA	HD	HD	NA	HOS-1*	NA	HD	MHC	MHC	MHC	MHC
Shelby	HD	NA	NA	NA	HD	NA	NA	HD	HD	NA	HD	HD	NA	NA	RS	NA	NA	NA	NA	NA
St Clair	HD	HD LC	HD	NA	HD HS	HD	MD?	HD	HD	HS	HD	HD	NA	NA	NA	HD	NA	NA	HD	NA
Sumter	DPS HD HS CCS	DPS HS ASC	DPS CCS HD	CCS HS	HS DPS	CCS DPS ASC HS	DPS HD HS	DPS HD	DPS HD	HD HS	DPS HD HS	HD DPS HS	HD	DPS	CCS RS	DPS HD	MHC HD RS DPS	MHC HS	MHC HS	MHC HS

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HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & [illegible] Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Talladega	NA	NA	NA	NA	NA	NA	NA	HD	HD	HD K?	HD K?	HD	NA	HOS-1	CCS	NA	HD	HD	HD	NA
Tallapoosa	NA	ASC HD SDB	SDB HD FHS	RHS	NA	CCS*	CCS*	HD	HD	HD	NA	HD	NA	HOS-3	CCS	HD	MHC	NA	MHC	NA
Tuscaloosa	HD CCS MD?	HOS-1* ASC MD?	CCS U MD?	U	HD CCS MD?	HD CCS MD?	U CDLD	HD MD?	HD MD?	HD MD? K10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Walker	MD?	MD?	MD? U RS	MD? DEN? RS	DEN?	CCS RS	MD?	MD? HD	HD MS?	ES	HD ES	MD? HD	MD?	MD? HOS-2	RS CDLD	MD?	MHC	MHC	MHC	MHC
Washington	MD3 HD	MD3 HD	MD3 HD	NA	DEN-1 HD	MD3 HD CCS	MD3 HD	MD3 HD	MD3 HD	MD3 HD	MD3 HD	MD3 HD	MD3 HD	NA	MD3 HD	MD3 HD	NA	MHC	MHC	DEd

HEALTH SERVICES

COUNTY	Medical Evaluation	Vision	Hearing	Language and Speech	Dental	Physical Disability	Physical & Motor Development	Prenatal	Postnatal	Personal Hygiene	Health Education	Immunization	Outpatient	Hospitalization	Rehabilitation	Follow-up Care & Evaluation	Mental Disability	Psychiatric	Psychological Counseling	Psychological Evaluation
Wilcox	HD DPS	HD	HD	HD	NA	HD CCS	CCt* HD	HD	HD	HD WBC	HD WBC	HD	HD	HD	CCS CCt*	HD	HD CCt* MHC*	NA	NA	NA
Winston	HS	HS	HS	NA	HS	HS	HS	NA	NA	HS	HS HD	HS HD	NA	NA	NA	NA	MHC	MHC	MHC	MHC

NUTRITIONAL SERVICES

Legend

Providers	
CA	Community Action
CDC	Child Development Cen.
CDLD	Cen. for Developmental Learning, Disorders
DEd	Dept of Education
DPS	Dept of Pensions & Security
ES	Extension Service
FPC	Family Planning Clinic
HA	Housing Authority
HD	Health Dept
HOS	Hospital
HS	Head Start
K	Day Care Center or Kindergarten
MC	Medicaid
MD	Medical Doctor(Private)
MHC	Mental Health Center
MI	No code given
ModC	Model Cities
NA	Not available or Listed from DPS Source

Providers	
OEO	Office of Economic Opportunity
RC	Red Cross
SA	Salvation Army
U	College or University
WBC	Well Baby Clinic
YMCA	Young Men's Christian Association
*	Not located in county
?	Number not given

NUTRITIONAL SERVICES

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Autauga	MD5 DPS HD ES	MD5 DPS HD ES	DPS HD ES	MD5 DPS HD ES	MD5 HD	K2 DPS HD ES	K2 HD	DPS HD ES	HD ES	MD5 HD
Baldwin	MD18 HD	MD18 WBC HD	WBC HD ES	MD18 HD WBC	MD18 HD WBC	MD18 HD WBC	NA	DPS ES	NA	NA
Barbour	MD10 HD DPS ES	MD10 DPS HD ES	DPS HD ES	MD10 HD	MD10 HD	DPS HD ES	DPS ES	DPS ES	DPS ES	MD10 HD
Bibb	HD MD?	HD MD?	DPS ES HD	HD MD?	HD	DPS HD	ES	DPS ES OEO	ES DPS OEO	HD
Blount	HD MD? ES	HD DPS ES MD?	HD DPS ES	HD MD? ES	DPS HD ES	DPS HD ES	DPS HD ES	OEO DPS ES	NA	MD? HD
Bullock	HD ES	DPS ES HD	OEO DPS HD ES DEd HS	ES HD DEd HS OEO	HD	ES DPS HD DEd HS	ES	DPS	DEd	HD
Butler	HD SA*	HD	HD	HD	HD	HD	NA	CA	ES	HD
Calhoun	HD	HD	DPS	HD	HD	NA	NA	OEO	DPS C	NA
Chambers	HD ES OEO	HD ES OEO	HD ES HS	HD ES OEO	HD OEO	HS ES	OEO	HD ES OEO	NA	NA

NUTRITIONAL SERVICES

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Cherokee	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Chilton	HD	NA	NA	HD	HD	ES	NA	OEO	DPS	NA
Choctaw	MD? HD DPS	MD? HD	MD? DPS HD ES	MD? DPS HD ES	MD? HD	MD? DPS HD	DPS HD ES	DPS OEO ES	ES	MD? HD
Clarke	MD? HD	MD? HD	DPS ES HD	MD? DPS HD	MD? HD	DPS	DPS	DPS OEO ES	ES	HD
Clay	HD	HD	ES	HD	HD	ES	NA	OEO	OEO	NA
Cleburne	HD	HD	DPS	HD	HD	NA	NA	NA	NA	NA
Coffee	MD? HD DPS ES	MD? HD ES DPS	MD? HD DPS ES	MD? HD DPS ES	MD? HD DPS ES	MD? HD DPS ES	MD? HD DPS ES	DPS ES	DPS ES	MD? HD DPS
Colbert	HD	NA	ES	NA	NA	ES	NA	ES	ES	NA
Conecuh	HD ES	HD ES	HD ES DPS	HD ES	HD	ES	DPS ES	DPS ES	ES DPS	HOS-1

NUTRITIONAL SERVICES

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Coosa	HD	HD	HD	HD	HD	HD	NA	OEO	OEO	NA
Covington	MD19 DPS HD ES	MD19 DPS HD ES	MD19 DPS HD ES	MD19 DPS HD ES	HOS4	MD19 DPS HD ES	MD19 DPS HD ES	DPS OEO	NA	HOS4
Crenshaw	MD3 HD	MD4 HD	HD ES	MD4 HD	MD4 HD	ES HS K5 DEd	K5 HS ES	K5 ES CA OEO HS	ES	MD4 HD
Cullman	MD? ES	MD? ES	MD? ES DPS	HD HS	MD? HD	HS HD DPS	ES HS DPS	OEO	ES OEO	NA
Dale	MD7 HOS2 HOS1* HD	MD7 HD	HD	MD7 HD	MD7 HD	MD7 K4 HD	NA	HD OEO ES	NA	HOS2 HOS2*
Dallas	MD? HD	MD? HD	MD? HD ES	MD? HD	MD? HD	DPS HD ES YMCA	DPS HD ES	DPS HD ES	DPS HS ES	NA
DeKalb	MD? HD	HD	HD	HD	MD? HD	NA	NA	U	NA	HD
Elmore	ES	NA	ES	NA	NA	NA	NA	NA	NA	NA
Escambia	MD16 HD	MD16 HD	ES	MD16 HD	MD16	MD16 HD	ES	ES	NA	MD16 HD

NUTRITIONAL SERVICES

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Etowah	HD	HD	HD ES	HD	HD	K	NA	NA	NA	NA
Fayette	HD MD? DPS	HD MD? DPS	K ES	HD DEd DPS ES MD?	HD MD?	HD DPS MD? ES	HD DPS MD? ES	DPS ES	DPS ES HD MD?	NA
Franklin	ES	ES	ES	ES	NA	ES	NA	ES	NA	NA
Geneva	MD6 HD ES	MD6 HD ES	MD6 HD ES	MD6 HD	MD6 HD	MD6 HD	MD6 HD	HD DPS ES	HD DPS ES	MD6 HD
Greene	HD	HD	HD	HD	HD	HD	HD	DPS DEd	NA	NA
Hale	MD? DPS ES HD	MD? HD	DPS ES	MD? HD ES	MD? HOS-1 HD	ES	DPS ES	DPS ES	ES	MD? HOS-1
Henry	HD	HD	HD ES OEO	HD	HD	NA	NA	OEO	OEO	NA
Houston	HD	HD	ES	HD	HD	HD ES	NA	DPS HD	NA	NA
Jackson	HD MD13	HOS WBC HD MD13	DPS ES	MD13 WBC HOS HD	NA	ES DPS	ES	ES DPS	ES DPS HD	HD MD13 HOS

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Jefferson	HD MD?	HD MD? HOS CDLD	HD ES RC	HD MD? HOS CDLD	HD MD?	NA	NA	ES	HD	MD? CDLD
Lamar	NA	NA	ES	HD	NA	ES	NA	OEO DPS	NA	NA
Lauderdale	MD10 HD DPS	MD10 HD DPS	ES HS K	MD15 DPS HD	HD	HD DPS HS	NA	NA	NA	MD15 HOS2
Lawrence	HD	HD	HD ES	HD	HD	HD ES	HD ES	HD ES DPS	HD ES DPS	U
Lee	DPS HD ES MD?	MD? DPS HD ES	MD? AC DPS HD HA HS	MD? DPS HD HS	MD? DPS HD HS	MD? DPS HD AC HS DEd	MD? DPS HD HS	DPS OEO	DPS HA ES AC U-1 HS DEd	U-1 MD? CCS
Limestone	HD	HD	HD	HD	HD	HD	HD DPS	ES DPS	DPS ES HD	HD
Lowndes	MD2 HD ES	MD2 HD ES	MD2 HD DPS ES	MD2 HD ES	MD2 HD	MD2 HD DPS ES	MD2 HD DPS ES	HD ES OEO	HD	MD2 HD
Macon	HOS-1 MI DEd	MI DEd	MI CA U-1 DEd ES	MI DEd	MI DEd	MI DEd CA	MI DEd CA ModC	MI DEd ES ModC	ModC DEd CA ES	MI
Madison	HD MD? FPC	HD MD? FPC	DEd HD ES FPC	HD	HOS-1 MD? HD	ES HD K? MD?	ES K?	ES HS MHC	HS	HD MD?

NUTRITIONAL SERVICES

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Marengo	MD18 HD	MD18 HD WBC	DPS ES	MD18 HD WBC	MD18 HD WBC	K4 DPS ES	K4 DPS ES	DPS ES OEO	HD ES	MD18 HD
Marion	NA	NA	OEO ES	NA	NA	NA	NA	DPS	OEO ES	NA
Marshall	MD? WBC	FPC MD?	ES WBC HD MD?	HD WBC MD?	HD WBC MD?	WBC HD HS	ES OEO ES	ES HD DPS	CA	HD
Mobile	MD? HD RC L	CDC MD? HOS? WBC	MHC ES HS CA L	MD? HOS? CDC HD HS	MD? HOS? MIC	HD ES HS MD?	MIC HS DEd	DPS OEO K? DEd	DEd ES	HOS?
Monroe	MD6 HD ES	MD6 HD	ES	MD6 HD	NA	NA	ES	HD DPS OEO ES	ES	NA
Montgomery	HD RC DPS MC	HD RC MC	DPS MHC HS ES	HD RC MC	HD MC	HD ES DPS	HD ES DPS	DPS	ES	HD MC
Morgan	SA DPS ES CA	DPS ES CA	DPS ES CA	DPS ES CA	DPS ES CA	DPS ES CA	DPS ES CA	DPS ES CA	DPS SA ES CA	DPS CA ES
Perry	MD4 HD DPS ES	MD4 HD DPS ES	MD4 HD DPS ES	MD4 HD DPS ES	MD4 HD DPS ES	MD4 HD DPS ES HS K5	MD4 HD DPS ES HS K5	MD4 HD DPS ES HS K5	MD4 HD HD ES HS K5	MD4 HOS-1 HD
Pickens	ES	NA	NA	NA	NA	NA	NA	NA	NA	NA

NUTRITIONAL SERVICES

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Pike	HD ES	HD ES	HD ES	HD ES	HD ES	HD ES	NA	NA	NA	NA
Randolph	HD	HD	NA	HD	HD	K?	NA	NA	NA	NA
Russell	NA	NA	ES	NA	NA	ES	NA	ES	ES	NA
Shelby	HD	HD	ES	HD	HD	ES	NA	DPS	NA	NA
St Clair	HD MD?	HD MD?	HD ES	HD	HD	NA	NA	DPS	ES	NA
Sumter	HD DPS ES MC	HD DPS ES	HD DPS ES	HD ES HS	HD ES	HD DPS ES HS	DPS HD HS ES	DPS OEO ES	DPS OEO ES	HD MC
Talladega	HD	HD	DPS	HD	HD	K?	NA	NA	NA	NA
Tallapoosa	HD	HD	DPS ES	HD	OEO	DPS	NA	DPS	DPS	NA
Tuscaloosa	HD ES MD?	HD MD?	ES HD U	HD U	HD MD?	HD ES DPS	HD ES DPS	ES DPS	HD ES DPS	HD HOS-1 MD?

NUTRITIONAL SERVICES

COUNTY	Prenatal	Postnatal	Family Nutritional Education	Early Feeding Practices	Low Birth Weight Infant Feeding	Eating Habits	Cultural Eating Habits	Supplemental Food Program	Special Food Service Program	Laboratory Measurement of Nutritional Status
Walker	HD MD?	HD MD?	ES	ES MD?	ES MD?	ES	ES	ES CA	ES	MD?
Washington	MD3 HD ES	MD3 HD ES	MD3 HD DPS	MD3 HD DPS	MD3	ES DPS	ES DPS	ES DPS	NA	NA
Wilcox	HD	HD	HD	HD	HD	HD	HD	OEO	ES	HD MC
Winston	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

APPENDIX A:

FREQUENCY OF INDIVIDUAL RULES REGARDING CHILDREN'S BEHAVIOR

In the Alabama Day Care Center Study reported in Section II, the centers responded with the specific rules which children were expected to observe. These rules are tabulated on the following pages. The number after a rule indicates the number of centers reporting that specific rule.

Moral and character development -- positive

Take turns, share (32)
Get along together, respect the rights of others (22)
Obey teacher (5)
Courtesy and good manners (4)
Low voice
Show love toward one another
Child responsible for his behavior
Freedom

Moral and character development -- prohibitions

No profanity (5)
Don't steal (3)
Don't destroy materials (3)
Be a good listener (2)
Respect property (2)
Don't whisper
Don't cry
Don't tattle
Don't impose your emotions on others
Be yourself

Hygiene

Keep face and hands clean (3)
Wash before lunch (2)
Must go to bathroom for body elimination

Safety -- care of self

Go outside only with adult (16)
Don't run indoors (13)
Safety (not further specified) (11)
No child in kitchen (4)
Don't climb higher than third limb of tree
Don't ride tricycle indoors
Don't climb tree with something in hand
Don't climb fence (3)
Don't play in water fountain
Don't play with sharp object

Safety -- avoiding harm to others

Don't fight, hit or hurt (28)
Don't bite (7)
Don't throw things
Older children can't pick up or discipline younger ones

Administrative routine -- general

Be quiet (8)
Help clean up (5)

Administrative routine -- specific to time and place

Go to bathroom only with adult (3)
Use correct table manners (2)
Don't eat before blessings (2)
Don't turn off TV
Care of animals
Don't roll tires from hill
Sit at table until all finished eating
One child at a time in bathroom
Observe quiet hour
Put chair under table after eating
Only three in the bathroom at once
Don't cross one area to play with some other toy
Must nap
All go out to play at the same time
No food or toys from home
No sitting on tables
Stay in line
Must go to bathroom at certain time, but also free to go at any time

APPENDIX B:

SAMPLE DAY CARE CENTERS

The day care centers selected as the sample in the Alabama Day Care Center Study are listed on the following pages.

PUBLIC DAY CARE CENTERS

(Asterisk indicates purchase by D.P.S.)

County	Center
Bullock	Locke Terrace Day Care Center P. O. Box 304 Locke Street Union Springs, Alabama 36089
Chambers	Lannett Annex Day Care Center Lannett, Alabama 36863
Covington	*Andalusia Public School Whatley Street Andalusia, Alabama 36420
Escambia	Brewton Head Start Center P. O. Box 533 Brewton, Alabama 36426
Jefferson	JCCEO Parent Child Development Center 410 South 13th Street Birmingham, Alabama 35233
	*St. Vincent's Community and Family Center 4320 Eighth Avenue, North Birmingham, Alabama 35212
	*Tuxedo Day Care Center for Children Under Three. 2101 Avenue Q Ensley, Birmingham 35218
Lee	Mt. Vernon Baptist Church Day Care Center Route 1, Box 80 Auburn, Alabama 36830
Macon	*Brown Street Day Care Center 217 Brown Street Tuskegee, Alabama 36083
Madison	*Area Seven Head Start Day Care Center 4107 Meridian Street Huntsville, Alabama 35773

Madison

*Berkley Head Start Day Care Center
Route 1, Owens Cross Road
Huntsville, Alabama 35804

*Dallas Street Head Start Center
407 Dallas Street, Northwest
Huntsville, Alabama 35801

*Joe Bradley Comprehensive Child Care Center
3405 Triana Boulevard
Huntsville, Alabama 35805

*University Place Comprehensive Child Care Center
4503 University Drive
Huntsville, Alabama 35805

*West End Elementary Comprehensive Child Care Center
2200 Clinton Avenue
Huntsville, Alabama 35805

Mobile

Albert T. Owens Center
758 North Cedar Street
Mobile, Alabama 36603

Grand Bay Day Care Center
Mt. Pisgah Baptist Church
P. O. Box 118
Grand Bay, Alabama 36541

Mt. Ararat Head Start Day Care Center
P. O. Box 522
Theodore, Alabama 36582

Zimmer Memorial Head Start Center
2567 St. Stephens Road
Mobile, Alabama 36617

Montgomery

Cleveland Avenue YMCA Day Care Center
1201 Cleveland Avenue
Montgomery, Alabama 36108

First Baptist Church Day Care Center
347 North Ripley Street
Montgomery, Alabama 36104

Montgomery

Madison Park Community Center
U. S. 231, North
Montgomery, Alabama 36108

Old Ship AME Zion Church Center
483 Holcombe Street
Montgomery, Alabama 36104

*Patterson Court Day Care Center
901 South Union Street
Montgomery, Alabama 36104

*Riverside Head Start Day Care Center
1013 Bell Street
Montgomery, Alabama 36104

*Trenholm Court Head Start Center
423 North Union
Montgomery, Alabama 36104

*Tulane Court Day Care Center
550 Smythe Curve
Montgomery, Alabama 36104

Pickens

*Oaklane Head Start Center
Gordo, Alabama 35466

Pike

Academy Street Day Care Center
Academy Street
Troy, Alabama 36081

Sumter

Geiger Day Care Center
Geiger, Alabama

Talladega

*Drew Court Day Care Center
1 Crestline
Sylacauga, Alabama 35150

Tallapoosa

Laurel Head Start Day Care Center
Alexander City, Alabama 35010

VOLUNTEER DAY CARE CENTERS

(Asterisk indicates purchase by D.P.S.)

County	Center
Calhoun	*Seventeenth Street Baptist Church Kindergarten 1700 Cooper Avenue P. O. Box 1102 Anniston, Alabama 36201
Cullman	Jack and Jill Day Care Center 1710 Highway 157 Cullman, Alabama 35055
Dale	Daleville Baptist Christian Day Care for Children Under Three P. O. Box 397 Daleville, Alabama 36322
Dallas	Henry James Day Care Center 1711 Keyser Street Selma, Alabama 36701
Etowah	*Carver Village Day Nursery 1109 Jacksonville Court Gadsden, Alabama 35901
Houston	*Martin Homes Children's House 1005 Pryor Street P. O. Box 1372 Dothan, Alabama 36301
Jefferson	Forestdale Baptist School and Day Care Center 1400 Brisbane Avenue Birmingham, Alabama 35214
	*Mt. Hebron Baptist Church Day Care Center 2400 Second Avenue, South Irondale, Alabama 35210
	Northeast Branch YMCA Day Care Center 628 Red Lane Road P. O. Box 4082 Birmingham, Alabama 35207
	*Northside Day Nursery 2323 Seventh Avenue, North Birmingham, Alabama 35203

Jefferson

*South Highland Day Care Center
2035 South Highland Avenue, South
Birmingham, Alabama 35205

*St. Joseph's Day Care Center for Children Under Three
504 Ninth Avenue, North
Birmingham, Alabama 35204

*Women's Club Day Care Center
601 27th Street, South
Bessemer, Alabama 35020

Lawrence

Moulton Baptist Church Day Care Center
P. O.Box 415,
329 Moulton Street
Moulton, Alabama 35650

Lee

Auburn Inter-Agency Day Care Center for Children Under Three
127 Tichenor Avenue
Auburn, Alabama 36830

Madison

*Huntsville Hospital Day Care Center
314½ Lowell Drive
Huntsville, Alabama 35801

Marshall

*Neighborhood Day Care Center
King Street
Boaz, Alabama 35957

Mobile

Central Baptist Day Care Center for Children Under Three
998 Dauphin Island Parkway
Mobile, Alabama 36605

Dauphin Way Baptist Day Care Service for Children Under Three
1255 Dauphin Street
Mobile, Alabama 36604

Dauphin Way Methodist Day Care for Children Under Three
1507 Dauphin Street
Mobile, Alabama 36604

*First Baptist Day Care Center
1200 Baltimore Street
Mobile, Alabama 36605

Friendship Baptist Church Day Care for Children Under Three
Route 2, Box 426-A
Grand Bay, Alabama 36541

Mobile
*Mt. Zion Baptist Church Day Care Center
1012 Adams Street
Mobile, Alabama 36603

Satsuma Day Care Center
Satsuma Christian School
P. O. Box 428
Satsuma, Alabama 36572

Montgomery
Bethany Seventh Day Adventist Day Care Center
722 Cedar Street
Montgomery, Alabama 36104

Morgan
*Sterrs Day Care Center #1
1410 Sixth Street, Northwest
Decatur, Alabama 35601

Randolph
*Roanoke Day Care Center
203 East MainStreet
Roanoke, Alabama 36274

Russell
Trinity Kindergarten and Nursery School
1600 Fifth Avenue
Phoenix City, Alabama 36867

Talladega
*Talladega Day Care Center
617 Coosa Street
Talladega, Alabama 35160

Walker
Eastside Baptist Church Day Care and Kindergarten
P. O. Box 1247
Jasper, Alabama 35501

Wilcox
*Freedom Quilting Bee Day Care Center
Route 1, Box 72
Alberta, Alabama 36720

Chambers
Essie Lee Floyd Day Care Center
North Cherry Drive
Lanett, Alabama 36863

PRIVATE DAY CARE CENTERS

(Asterisk indicates purchase by D.P.S.)

County	Center
Butler	*Wonderland Day Care Center Route 3, Box 291 Greenville, Alabama 36037
Coffee	Happy Time Day Care Center P. O. Box 344 919 Reese Avenue Elba, Alabama 36323
Cullman	*Guntersville Highway Day Care Center Route 9, Box 55 Cullman, Alabama 35055
Escambia	*Baptist Hill Kiddie Kare 705 Auction Street Brewton, Alabama 36426
Houston	Eve's Day Care Center 709 North Park Avenue Dothan, Alabama 36301
Jackson	*Tiny Tots Kindergarten and Day Care Center 825 South Market Street Scottsboro, Alabama 35768
Jefferson	*Bo-Peep Day Care Center 536 and 538 Cobb Street Homewood, Alabama 35209
	Central Park Day Care Center 1836 47th Street, West Birmingham, Alabama 35208
	*Druid Hill Day Care Center 1568 Druid Hill Drive Birmingham, Alabama 35234
	English Village Day Nursery 2336 20th Avenue, South Birmingham, Alabama 35223

Jefferson

Green Valley Kindergarten and Nursery School
3217 Lorna Road
Birmingham, Alabama 35216

Lullaby Day Care Center
1108 Linwood Street
Birmingham, Alabama 35215

*New Pilgrim Day Care Center
903 South Sixth Avenue
Birmingham, Alabama 35223

Thompson's Day Nursery for Children Under Three
5201 Sixth Avenue, South
Birmingham, Alabama 35212

*Tittusville Day Care Center
1814 First Street, South
Birmingham, Alabama 35205

Lauderdale

Toddle Towne Kindergarten and Day Care Center
2221 North Wood Avenue
Florence, Alabama 35630

Macon

*Kiddie Care Day Nursery
202 Welch Street
Tuskegee, Alabama 36083

Madison

Fellowship Day Care Center
3406 Meridian Street, North
Huntsville, Alabama 35811

Marengo

Mary Flowers Day Care Center
205 Prowell Street
Linden, Alabama 36748

Marshall

*Child Development Center
P. O. Box 568
Arab, Alabama 35016

Mobile

*Carver Court for Children Under Three
310 Dunbar Street
Mobile, Alabama 36618

Hazel's Kindergarten and Nursery School
830 Summerville Street
Mobile, Alabama 36617

Mobile

*Loop Day Care Center
2201 Government Street
Mobile, Alabama 36606

O'Connor Day Care Center
2511 Richard Avenue
Mobile, Alabama 36610

*White's Bo-Peep Day Care Center
1559 Duval Street
Mobile, Alabama 36605

Montgomery

Kiddie Academy
3425 Crescent Road
Montgomery, Alabama 36104

Morgan

Compton's Kiddie Kastle Kindergarten and Day Care Center
211 Prospect Drive, Southeast
Decatur, Alabama 35601

*LeCroy's Day Care Center
406 Seventh Avenue, S.W.
Decatur, Alabama 35601

Talladega

Mary's Child Care Service
407 East Park Street
Sylacauga, Alabama 35150

Tuscaloosa

Cradle Roll Day Care Center for Children Under Three
1016 Sixth Avenue
Tuscaloosa, Alabama 35401

*East Circle Day Care Center
P. O. Box 38
Northport, Alabama 35476

*Stillman Day Care Kindergarten
Stillman College Campus
Drawer 1430
Tuscaloosa, Alabama 35401

APPENDIX C:

FREQUENCY OF ACTIVITIES OCCURRING DURING A TYPICAL DAY IN THE FAMILY DAY CARE HOME

The following table enumerates the specific activities reported in each of the family day care homes in the sample for the Alabama Family Day Care Home Study.

HOME	PLANNED PROGRAM	MEAL	SNACK	CARETAKING (Toilet, Handwashing, etc.)	NAPS	TELEVISION	PLAY	MUSIC OR ART	INSTRUCTIONAL MATERIALS	INSTRUCTION
1	yes	2	1	6	2	--	4	--	--	--
2	yes	2	1	--	1	1	2	1	--	1
3	yes	2	1	1	1	1	2	--	--	--
4	yes	2	2	--	1	1	2	--	--	--
5	yes	1	1	1	1	1	2	--	--	--
6	yes	2	2	--	1	1	2	--	--	--
7	yes	--	1	--	--	--	1	--	--	--
8	yes	1	1	2	2	--	2	--	--	--
9	yes	2	1	1	1	--	3	--	--	--
10	yes	2	1	--	1	--	2	--	--	1
11	yes	2	1	--	1	1	3	--	--	--
12	yes	2	--	--	1	1	2	--	--	--
13	yes	2	2	3	1	--	4	--	--	--
14	yes	1	1	1	1	--	2	--	1	--
15	no	2	--	--	2	2	2	--	--	--

HOME	PLANNED PROGRAM	MEAL	SNACK	CARETAKING (Toilet, Handwashing, etc.)	NAPS	TELEVISION	PLAY	MUSIC OR ART	INSTRUCTIONAL MATERIALS	INSTRUCTION
16	no	2	1	--	2	1	2	--	--	--
17	no	1	1	--	2	1	4	--	1	--
18	no	1	--	1	1	1	2	--	--	--
19	no	1	1	--	1	1	1	--	--	--
20	no	2	1	--	1	1	3	--	--	--
21	no	1	--	1	1	3	1	--	--	--
22	no	2	2	1	2	2	2	--	--	--
23	no	2	2	--	1	2	2	--	--	--
24	no	2	--	--	1	--	3	--	--	--
25	no	2	2	2	2	2	3	--	--	1
26	no	2	3	1	2	1	3	--	--	--
27	no	1	--	--	1	--	2	--	--	--
28	no	2	2	2	1	--	2	--	--	--
29	no	2	1	1	1	1	2	--	--	--
30	no	2	1	--	1	1	3	--	--	--

HOME	PLANNED PROGRAM	MEAL	SNACK	CARETAKING (Toilet, Handwashing, etc.)	NAPS	TELEVISION	PLAY	MUSIC OR ART	INSTRUCTIONAL MATERIALS	INSTRUCTION
31	no	2	1	1	1	--	2	--	--	1
32	no	1	1	--	1	1	3	--	--	1
33	no	2	1	1	1	1	3	--	--	--
34	no	2	--	--	1	1	1	--	--	--
35	no	2	2	2	2	--	3	--	1	--
36	no	2	2	1	1	--	2	--	--	--
37	no	2	2	--	1	2	1	--	--	--
38	no	2	1	--	1	1	3	--	--	--
39	no	2	2	--	1	--	3	--	--	--
40	no	2	1	2	2	--	3	--	--	--
41	no	2	3	5	2	2	5	--	1	1
42	no	1	2	1	1	1	4	--	1	1
43	no	1	2	--	1	1	2	--	--	--
44	no	1	2	1	1	1	4	--	--	--
45	no	1	--	--	2	--	3	--	--	--

HOME	PLANNED PROGRAM	MEAL	SNACK	CARETAKING (Toilet, Handwashing, etc.)	NAPS	TELEVISION	PLAY	MUSIC OR ART	INSTRUCTIONAL MATERIALS	INSTRUCTION
46	no	2	1	1	1	--	4	--	--	--
47	no	2	1	--	2	--	3	--	--	--
48	no	1	2	--	2	--	2	--	--	--
49	no	2	1	--	1	--	2	--	--	--
50	no	2	1	--	1	--	2	--	--	--
51	no	2	--	--	1	1	2	--	--	--
52	no	1	--	--	2	--	1	--	--	--
53	no	2	2	--	1	2	3	--	--	--
54	no	1	1	1	1	--	3	--	--	--
55	no	2	2	1	1	1	2	--	--	--
56	no	1	1	--	1	1	3	--	--	--
57	no	3	--	--	2	2	2	--	--	--
58	no	2	1	2	1	--	3	--	--	--
59	no	2	--	--	1	1	1	--	--	1
60	no	1	--	--	2	1	3	--	--	--

HOME	PLANNED PROGRAM	MEAL	SNACK	CARETAKING (Toilet, Handwashing, etc.)	NAPS	TELEVISION	PLAY	MUSIC OR ART	INSTRUCTIONAL MATERIALS	INSTRUCTION
61	no	1	1	--	1	--	3	1	--	2
62	no	1	--	--	1	3	2	--	--	--
63	no		NO	SCHEDULE						
64	no	2	1	--	1	1	2	--	--	--
65	no	2	2	--	1	1	3	--	--	--
66 1	no	1	--	--	1	--	2	--	--	--
67	no	1	1	--	1	1	3	1	--	--
68	no	1	1	--	1	1	3	--	--	--
69	no	1	1	1	1	--	2	--	--	--
70	no	2	--	1	1	--	2	--	--	--
71	no	2	2	--	1	--	3	--	--	--
72	no	3	2	--	2	--	5	--	--	--
73	no	2	1	--	1	--	3	--	--	--

APPENDIX D:

METHOD USED IN SURVEY OF CHILD CARE SERVICES REQUESTED BY PARENTS

Sample Selection for South Alabama

The objective of the sample procedure was to provide a random but representative sample of the different counties stratified by the racial composition, total population, and size of communities. This objective was accomplished by obtaining information on the total population of each county, proportion of Black residents, and community size. With this information it was then possible for the counties to be grouped into six homogeneous categories with the exception of three, which had to be treated separately because of total county population, urban-rural populations, or racial compositions.

Table 1 illustrates this information together with the total number of interviews which were conducted within each type county group. The information presented in each column is as follows: (1) the total population in each county, (2) the percent of the total population that is Black, (3) the total number of families with children under six years of age by county, (4) the number of White families with children six years of age and under, (5) the number of Black families with children six years of age and under, and (6) the percentage of Black families with children under six years in each county. The county or counties placed in parentheses are the counties selected to represent the class of counties in which they appear. The three counties appearing at the bottom of Table 1 are so unique they could not be grouped with any of the others for the following reasons: (1) Macon County because of its size and racial composition, (2) Montgomery and Mobile Counties because of their large concentration of urban populations.

TABLE 1

DEMOGRAPHIC DATA FOR SOUTH ALABAMA COUNTIES

County	Total Population	% of Total Population Black	Families w/Children Under 6yrs	White Families w/Children Under 6 yrs	Black Families w/Children Under 6 yrs	% Families w/ Children Under 6 Black
Bullock	11,824	67.4	619	231	388	62.7
Lowndes	12,897	76.9	727	164	563	77.4
(Perry)	15,388	58.7	820	338	480	58.7
Wilcox	16,303	68.4	918	381	537	58.5
Sumter	16,974	66.2	859	299	560	65.2
Sub-total			3,943 = .04628 = 46 Interviews*			
(Crenshaw)	13,188	28.6	714	502	211	29.7
Henry	13,254	40.3	771	465	306	39.7
(Conecuh)	15,645	44.6	862	482	380	44.1
Washington	16,241	29.9	1,204	884	315	26.5
Choctaw	16,589	44.1	1,084	663	421	38.8
Sub-total			4,635 = 0.545 = 55 Interviews*			
Monroe	20,883	45.5	1,323	757	564	42.6
(Butler)	22,007	40.1	1,223	750	473	38.7
Barbour	22,543	46.1	1,260	758	500	39.7
Marengo	23,819	55.2	1,454	758	696	47.9
Clarke	26,724	43.8	1,825	1,088	735	40.3
Sub-total			7,085 = .083159 = 83 Interviews*			
(Geneva)	21,924	13.1	1,418	1,254	164	11.6
Autauga	24,460	28.2	1,788	1,377	411	23.0
Elmore	33,535	28.2	2,114	1,516	595	28.3
Covington	34,079	14.8	1,995	1,6[illegible]	313	15.7
(Coffee)	34,872	17.1	2,494	2,131	361	14.5
Sub-total			9,809 = .115132 = 115 Interviews*			
(Pike)	25,038	34.5	1,359	905	453	33.3
Escambia	34,906	30.4	2,129	1,569	524	25.3
Russell	45,394	45.7	2,881	1,709	1,172	40.7
(Dallas)	55,296	52.2	3,646	1,978	1,665	45.7
Sub-total			10,015 = .11755 = 117 Interviews*			
Dale	52,938	12.2	4,354	3,884	434	10.8
(Houston)	56,574	23.7	3,930	3,134	792	20.3
(Baldwin)	59,382	17.8	3,829	3,188	635	16.7
(Lee)	61,268	27.8	3,984	3,035	938	23.5
Sub-total			16,097 = 189 Interviews*			

TABLE 1 (Cont'd)

County	Total Population	% of Total Population Black	Families w/Children Under 6yrs	White Families w/Children Under 6yrs	Black Families w/Children Under 6 yrs	% Families w/ Children Under 6 Black
Macon	24,841	81.1	1,148	273	862	75.2
Sub-total			1,148 =	.013474 = 14	Interviews*	
Montgomery	167,790	36.2	10,775	7,130	3,626	33.8
Sub-total			10,775 =	.12647 = 126	Interviews*	
Mobile	317,308	32.3	21,691	15,285	6,351	29.5
Sub-total			21,691 =	.254595 = 255	Interviews*	
	Total		85,198	1,000		

*Formula for assignment of interviews: The number of families in the county group with children six years and under divided by the total number of such families in southern Alabama, the resulting divident multiplied by 1,000.

Within the counties designated as south Alabama, there were 85,198 families with children six years of age or under and these families composed the sample population. The sample of 1,000 represents 1.174% of the total population. The first group in Table 1 constituted the group of counties with less than 20,000 population but high concentration of non-White families (over 50%). Perry County was chosen to represent this group because it contained cities representative of the two different population centers in this county group, these between 1,000 and 2,500 and those between 2,500 and 10,000. The second grouping was composed of counties under 20,000 total population and relatively low concentrations of non-White families, all counties having less than 50% non-White. Two counties were chosen to represent this group because no single county has the two types of communities found in this group of counties, those under 2,500 and communities between 2,500 and 10,000. Crenshaw County contains two cities under 2,500 and Conecuh contains an urban community having a population above 2,500.

The third grouping of counties in Table 1 was of counties with populations between 20,000 and 30,000 with relatively high concentrations of Black families (between 38% and 50%). Butler and Clarke Counties were chosen to represent this group because both contain cities representative of the type of centers in this group, those under 2,500 and those between 2,500 and 10,000. The fourth grouping was of counties with relatively low concentrations of non-White families (less than 30%) and with total populations between 20,000 and 35,000. Geneva and Coffee Counties were selected to represent this group because both counties contain cities under 2,500 and cities with populations from 2,500 to 10,000. Coffee County also contains a city with population above 15,000. The fifth group had populations between 25,000 and 60,000 with concentrations of Black families ranging from 25% to 46%. Pike and Dallas Counties were selected to represent this group since they have cities with populations from 2,500 to 10,000 and from 10,000 to 50,000. The sixth grouping of counties represented those with populations above 50,000 but low concentrations of non-White families ranging from 11% to 24%. Lee County represented relatively high concentration of urban residents (two cities between 10,000 and 50,000). Baldwin County was selected because it has two cities with fewer than 2,500 people and three cities with 2,500 to 10,000 people, while Houston County has two cities with less than 2,500 and one over 10,000 population.

Each of the six groups and the three independent counties were allocated a quota of the sample in proportion to their total representation of families with children six years of age and younger. Within each county the sample was further divided according to the proportion of families residing in the rural or urban areas and according to racial composition. The sample distribution by counties, cities, rural areas, and racial quotas is presented in Table 2.

Insert Table 2 Here

Highway maps prepared by the State Department of Highways were used to draw area probability samples for each of the selected counties. Each county was divided into squares approximately six miles in each direction, which conformed to the regular divisions already assigned by the Highway Department. Each such section was assigned a number and one or more areas were drawn for the sample, depending upon the number of interviews to be conducted in the rural areas of the county. In every case, alternative areas were drawn to cover the possibility that the area designated did not contain sufficient families with preschool children six years of age and under. A table of random numbers was used to facilitate the selection of the areas and to insure that there was no bias in the sample. In order to insure that every family in the rural area was included in the enumeration, each interviewer proceeded down the road that entered the designated rural area until he reached the far side of the area; then he flipped a coin to determine whether he would take the next road to the right or the left on the return trip, heads directing him to go right and tails to go left.

TABLE 2

SAMPLE DISTRIBUTION FOR THE SELECTED
FIFTEEN SOUTH ALABAMA COUNTIES

County	Location Within County	Respondents		
		Black	White	Total
Baldwin	Bay Minette	1	6	7
	Daphne	0	2	2
	Fairhope	0	7	7
	Foley	1	3	4
	Robertsdale	0	2	2
	Urban County Total	2	20	22
	Rural County Total	5	35	40
Butler	Georgiana	1	3	4
	Greenville	5	7	12
	Urban County Total	6	10	16
	Rural County Total	4	13	17
Clarke	Grove Hill	1	3	4
	Jackson	4	7	11
	Thomasville	3	5	8
	Urban County Total	8	15	23
	Rural County Total	10	17	27
Coffee	Elba	2	8	10
	Enterprise	5	28	33
	New Brockton	0	3	3
	Urban County Total	7	39	46
	Rural County Total	2	25	27
Conecuh	Evergreen	3	5	8
	Rural	8	14	22
Crenshaw	Brantley	0	2	2
	Luverne	1	4	5
	Urban County Total	1	6	7
	Rural County Total	4	14	18
Dallas	Selma	20	26	46
	Rural	19	20	39
Geneva	Geneva	1	7	8
	Hartford	1	4	5
	Samson	1	3	4
	Slocomb	0	3	3
	Urban County Total	3	17	20
	Rural County Total	1	21	22

TABLE 2 (Cont'd)

County	Location Within County	Respondents		
		Black	White	Total
Houston	Ashford	0	2	2
	Cottonwood	0	2	2
	Dothan	9	32	41
	Urban County Total	9	36	45
	Rural County Total	3	15	18
Lee	Auburn	4	19	23
	Opelika	6	15	21
	Urban County Total	10	34	44
	Rural County Total	6	14	20
Macon	Tuskegee	6	1	7
	Rural	4	3	7
Mobile	Bayou LaBatre	0	2	2
	Chickasaw	0	6	6
	Citronelle	0	2	2
	Mobile	49	95	144
	Mt. Vernon	0	1	1
	Prichard	15	20	35
	Saraland	0	8	8
	Satsuma	0	2	2
	Urban County Total	64	136	200
	Rural County Total	11	44	55
Montgomery	Montgomery	31	66	97
	Rural	12	17	29
Perry	Marion	5	8	13
	Uniontown	4	3	7
	Urban County Total	9	11	20
	Rural County Total	16	10	26
Pike	Brundidge	2	2	4
	Troy	4	11	15
	Urban County Total	6	13	19
	Rural County Total	3	10	13
	Grand Total =			1,000

When he reached the far side of the area, the interviewer again took the next road to the left or the right in accordance with the first choice. Each time the interviewer traveled across the area, he interviewed on every crossroad to the road he had utilized on the previous trip and this process was followed until he covered the entire area assigned, or until the required number of interviews were completed. If all possible interviews were exhausted on one side of the area without completing the assigned number of interviews following the plan outlined above, the interviewer returned to the original road and then took the next road on the opposite side from the original road and proceeded in the same manner until all roads in the assigned area had been covered. If the assigned interviews were not completed in the first area, the interviewer proceeded to the second selected area and repeated the process used in the first area. In the case where an insufficient number of families with the desired racial characteristics appeared in the sample area, the interviewer proceeded to the nearest area where such people lived and interviewed therein following the same procedure as in the original sample area.

Interviewing in the urban areas proceeded in the following manner. Each city with a population under 100,000 was assigned a designated number of interviews in proportion to the number of families with preschool children residing within its boundaries; these urban interviews were designated by race, as were those in the rural areas. For example, Headland 10 interviews, 8 White and 2 Black, Start - L - 3 - 2 - 1 - 0. These instructions directed the interviewer to obtain 10 interviews in the city limits of Headland, Alabama, and indicated that eight should be White families, while two should be Black. The interviewer was to proceed to the center of town (usually where the main street businesses begin), take the first street to the left and drive to the third cross street and turn left to begin interviewing on that street. If there were only two streets crossing the street taken from the center of town, he turned left on the second street and began interviewing; if only one street crossed the street from down town, he turned left on it and began interviewing. The interviewer continued down the street chosen until he reached the city limits; at this point he turned back toward the center of the city and took the next parallel street. This process was continued until the city was covered or until the required number of interviews were completed. The order of streets on which interviewing occurred in each town was determined by use of a table of random numbers, and the right or left designation was determined by flipping a coin for each city sample.

In the case of Mobile and Montgomery, census tracts were employed as the sample areas and they were selected by random number drawing and interviewers were instructed to proceed through them in a similar fashion as described above for the smaller city areas.

The sample distribution by family incomes was not a controlled factor in this study because there was no feasible manner, within the time and budgetary limitations, to obtain a precise county-by-county representation of income levels. The sample distribution by income levels is presented in Table 3.

TABLE 3

DISTRIBUTION OF SAMPLE
BY ANNUAL FAMILY INCOMES*

Under $2,000 = 7.9%

$2,000 - 3,900 = 14,1%

$4,000 - 5,900 = 14.6%

$6,000 - 7,900 = 16.9%

$8,000 - 9,900 = 16.1%

$10,000 + = 23.2%**

Refused to Give or Did Not Know Income = 7.2%

*Based on 1,000 cases
**It should be noted that this income grouping includes four income categories ($10,000 - 11,999, $12,000 - 13,999, $14,000 - 15,999, $16,000 and above).

Alabama Parent Inventory

The assessment of parental needs for day care was by administration of a modified version of the Parental Inventory developed for the University of Alabama at Birmingham (UAB) planning grant. The modified version will be hereafter referred to as the Alabama Parent Inventory. The Alabama Parent Inventory was administered to 1,000 randomly-selected parents with preschool children six years of age and younger. Representatives from UEC, DPS, and UAB cooperated in the modification of items and in the determination of items which were selected for inclusion in the Alabama Parent Inventory.

The inventory consisted of a cover sheet and 24 questions, many of which contained several parts. Information obtained on the cover sheet included family names, residential location, educational background of family, ages of family members and occupations of family members. The questions were constructed to determine (1) the extent to which child-care problems interfere with employment, (2) the extent of parental need for day care, (3) the extent of differential needs for day care in relation to ages of children, (4) desired daily time periods of day care, (5) the desired components and functions of a day-care program, (6) day-care needs in relation to the socioeconomic status of family. (See Appendix A for Alabama Parent Inventory.)

Selection of Field Research Team

Recruitment of the field research team was conducted by Lynne Schwartz and Bob Sanders of UEC. Initially, the Sociology, Psychology and Early Childhood Education Departments of the colleges and universities and public school superintendents in the sampling areas submitted their recommendations of the most competent and qualified undergraduate and graduate students, college professors' wives, and public school teachers who were available for employment. All applicants were interviewed during personal visits by the two UEC staff members to the communities in which the applicants resided. There were approximately three applicants for each research position available.

Final selection of the field research team was made on the basis of the following multiple criteria: educational background, experience, geographical location, time available to devote to data collection, maturity, ability to relate to both low- and middle-income groups, recommendations of superintendents of education and college professors who were able to make informed professional evaluations of the applicants, and the evaluations of the above-named UEC staff.

Twenty-six of the applicants were selected; two were unable to participate in the data collection and were subsequently replaced by two alternates. Of these 26, 22 were females and four were males. Ten of the interviewers were college students, 10 were teachers, and six were wives of university professors. Twenty were White and six were Black.

Training and Deployment of Field Research Team

Training sessions for the researchers were held in Montgomery and Mobile on March 21 and 22, respectively. Dr. Ronald Parker, Lynne Schwartz, and Robert Sanders, of the UEC staff, and Dr. Donald McGlamory, Chairman of the Sociology Department, UAB, conducted the training sessions. See Appendix B for training session manual.

Through presentations, discussions, and role playing, research team members were thoroughly trained in methods and procedures of conducting parent interviews, sampling techniques employed, interpretation of sample instructions, and the contents and specific instructions for the administration of the Alabama Parent Inventory. Each researcher was required to administer a sample inventory in the city where the training session was held. Each sample inventory was then evaluated in the presence of the researcher who had administered it; all necessary corrections were made, and the researcher left the training session after the training-session leaders were satisfied that the researcher was competent to proceed in the data collection.

Each researcher was provided with maps of areas in which he was to interview parents, detailed instructions for selection of interviewees in his area, and the number of Black and White interviewees required in his assigned area.

Interviews were assigned on the basis of interviews needed in the area in which the researcher would collect data and the number of hours per week the researcher could devote to data collection.

Supervision of Field Research Team

All completed parent inventories were checked for detailed accuracy by Robert Sanders before they were sent to Dr. Gus Stefanu at UAB for coding and subsequent data analysis. All incompete or incorrectly completed inventories were returned to the respective researcher for necessary corrections.

Each researcher received on-the-job supervision on a minimum basis of once weekly through telephone consultations and personal contacts with Robert Sanders, who was also available by phone whenever any researcher needed additional instructions or when any problem in data collection arose. These consultations on an as-needed basis were instrumental in the successful completion of the parent inventories, since many significant problems were immediately solved by the phone consultations and, therefore, did not result in prolonged delays in the data collection. This program of supervision was maintained to insure quality data collection and the minimum time-requirement for completion of this phase of the project.

Data Reliability

In order to assess the reliability of data collected by the field research team, Robert Sanders re-administered 114 parent inventories. This represented 11.4% of the total sample population. The length of time between the initial interviews and re-interviews ranged from three days to two weeks. Sixty-seven of the re-interviews were obtained by telephone and 47 were obtained by visits to the interviewees' homes. Re-interviews by visitation were conducted for inventories which did not have telephones listed. The re-interview sample was randomly chosen with the following restrictions: (1) the interviews available at the time of visits to the respective counties, (2) a comparable percentage of total county interviews across counties, (3) a comparable percentage of interviews assigned to each interviewer, and (4) the selection of some re-interviews by home visitation in each of the 15 counties and for each interviewer, if possible.

In the interest of maintaining good public relations between DPS and the sample population, the respondents were asked only for the family background information (cover sheet) and 15 of the 24 inventory questions, since it was apparent after the initial five re-interviews that the respondents resented being detained from their daily routines during the time periods required to re-administer the entire Alabama Parent Inventory.

The large sample of questions used for the re-interviews undoubtedly provided as dependable a measure of reliability as the administration of the entire battery of questions. The questions included in the re-interviews were questions 1-11, 14, 16, 17, and 24.

There was 96.5% agreement between initial interview and re-interview responses when comparisons were based on inventory questions, excluding the cover sheet, which contained family background information. An item analysis of agreement between re-interviews and initial interviews revealed that a minimum of 95% agreement was maintained for all questions with the exceptions of questions 5, 7c, and 11. Initial and re-interview agreements were 89.1%, 92.7%, and 83.7%, respectively, for these questions. Question 5 concerned the number of hours the respondent was away from home per week. This was a most difficult question for the respondents to answer consistently because in many cases their absences from home varied from week to week in regard to length of time. The reason for the under-95% agreement on question 7c was that the respondent would reply "doesn't matter" or "don't know" on the original interview and after a period of time elapsed for consideration of this question, she would give a definite response on the re-interview, usually in favor of care in a center. Question #11 was an open-ended question concerned with the desired hours for day care. Generally, the differences between initial and re-interview responses were a matter of one or two hours and did not reflect significant differences in choices of morning, afternoon, and full day periods of day care. Comparison of family background information responses (cover sheet) between the initial interview and re-interviews resulted in 98.7% agreement.

The remarkably high percentage agreements between initial interviews and re-interviews are indicative of the excellent quality and reliability of the data. In this regard, the data provide a sound basis for evaluating the need for day care and reflect the professional competency of the field research team, the expertise acquired by the interviewers during the training session, and the quality of the Alabama Parent Inventory.